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ABSTRACT

Using data gathered from 15 local agencies, this study sought to identify the number of physically handicapped individuals who could benefit from educational experiences in existing technical and occupational programs in the city colleges of Chicago. Answers were sought to questions such as the following: (1) What are the categories of disabilities of the handicapped individuals of the metropolitan area of Chicago? (2) Which types of academic, technical and occupational training are appropriate to each category of handicapped individuals? (3) What areas and levels of employment are available for the handicapped individual and in what quantity? and (4) What are the cost factors involved in initiating and operating such programs? A major finding of this study is that the handicapped students who are receiving educational opportunities at the 4-year universities are pursuing baccalaureate degrees, and many who could benefit from technical and occupational programs are not provided the opportunity. New programs are needed to provide vocational and technical education to this group of students. (Author/JS)

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FEASIBILITY STUDY

FOR THE

PHYSICALLY HANDICAPPED

1970 - 1971

A RESEARCH AND DEVELOPMENT REPORT

OF A COOPERATIVELY FUNDED PROJECT

BETWEEN THE

STATE OF ILLINOIS
BOARD OF VOCATIONAL EDUCATION AND REHABILITATION
DIVISION OF VOCATIONAL AND TECHNICAL EDUCATION

AND

AMUNDSEN-MAYFAIR COLLEGE
CITY COLLEGES OF CHICAGO
CHICAGO, ILLINOIS

VT013024

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STATE OF ILLINOIS
BOARD OF VOCATIONAL EDUCATION AND REHABILITATION
DIVISION OF VOCATIONAL AND TECHNICAL EDUCATION
RESEARCH AND DEVELOPMENT UNIT

INTRODUCTION

The purpose of this study was to identify the numbers of physically handicapped individuals who could benefit from educational experiences in existing Technical and Occupational Programs in the City Colleges of Chicago. The study revealed that a large segment of our society is not being provided equal educational opportunities.

Investigations at two state supported senior universities, the University of Illinois and Southern Illinois University, revealed that both schools are serving approximately 750 physically handicapped individuals. Further examination of the statistical data accumulated on the astronomical number of physically handicapped in the Chicago area revealed that the number serviced is minimal.

Handicapped students who are receiving educational opportunities at the four-year universities, are pursuing baccalaureate degrees and many who could benefit from Technical and Occupational Programs are not provided the opportunities to pursue meaningful educational experiences. Thus, the handicapped student is not provided with the necessary tools to compete in our advancing technological society.

The attitude which prevails among many academicans, although not necessarily expressed, is that the physically handicapped are to be tolerated in educational desires, but are not expected to be capable to compete with physically able-bodied individuals outside the confines of the educational institution.

The afore-mentioned apathetic attitudes were those experienced by Dr. Tim Nugent at the University of Illinois. His persistence in providing equal opportunities for the physically handicapped and the professional accomplishments of many of his graduates has helped to alter the attitudes of many academicians and industrialists.

We must realize that a large percentage of the physically handicapped do not have the inclination to pursue four-year collegiate programs of study regardless of their disability, but they would be successful in Technical and Occupational Programs if the opportunity was provided.

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OBJECTIVE

The major objective of this study was to determine the number of physically handicapped individuals in the Chicago area that would benefit from educational opportunities in Technical and Occupational Programs at the Community College Level. This major objective was accomplished by seeking answers to the following questions:

1. What are the categories of disabilities of the handicapped individuals of the metropolitan area of Chicago?
2. What is the number of physically handicapped in the following major categories:
    a. Muscular & Neuromuscular
    b. Skeletal Deformities
    c. Visually Handicapped
    d. Speech Impairment
    e. Hard of Hearing
    f. Deaf
3. What is the number of each category of disability that live in the proximity of the seven existing colleges?
4. What are the chief elements of the programs at the University of Illinois and Southern Illinois University?
5. What type of special services should or could the college provide for the handicapped individual?
6. What architectural facility modifications and equipment must be provided for the handicapped individual?
7. Which types of academic, technical and occupational training are appropriate to each category of handicapped individuals?

8. What areas and levels of employment are available for the handicapped individual and in what quantity?
9. Who are the employers that will provide meaningful and dignified employment opportunities for the handicapped students that the City Colleges of Chicago trains?
10. What are the cost factors involved in initiating and operating such programs?

ACKNOWLEDGEMENTS

The feasibility study to fulfill the stated objectives was a task far greater than had been anticipated and necessitated the investigation of philosophies and purposes of many state and private agencies rendering rehabilitive and vocational assistances to the physically handicapped individuals.

This investigator was overwhelmed with the large number of individuals with varying degrees of disabilities, which have hindered their participation in the pursuit of activities designed for the able bodied individual. It was also very gratifying to realize that so many individuals have dedicated themselves to providing educational, physical and vocational assistance to the handicapped individual, so that he may take his place in a society not designed architecturally or psychologically for his encumbrances.

In the evaluation of the statistical data accumulated from the various agencies there conceivably can be a number of various disabilities which would be reflected in more than one agency. For example, figures which are sited from the Division of Vocational Rehabilitation could also be numbers published from other sources such as the Board of Education or other agencies. Attempts were made to extrapolate possible duplications but the absence of methods for identifying referrals made the task impossible.

I am deeply grateful and acknowledge the assistance of the following individuals in pursuance of the study:

Mr. George Conn, Governors Committee on Handicapped Individuals; Mrs. Dorothy Betts, Chicago Board of Education; Dr. Jane Borges, Chicago Rehabilitation Institute; Dr. George Hyry, Counseling Psychologist, Veterans Administration; Mr. Benjamin Mark, Division

of Vocational Rehabilitation, Regional Director; Mr. Robert Theall, Division of Vocational Rehabilitation, Chief of Placement Service; Dr. Tim Nugent, University of Illinois Rehabilitation Institute; Mr. William Appelgate, Board of Higher Education; Mr. Edmund G. D'Elia, Supervisor of Research and Statistics; Dr. Roger J. Meyer, Regional Medical Coordinator, Social and Rehabilitatior Service; Dr. Herman Muroy, Jewish Vocational Service of Chicago; Mr. Iry Lichtenstein, Jewish Vocational Service of Chicago; Mrs. Carol Harris, Division of Vocational Rehabilitation Counselor, Southern Illinois University; Mr. Albert Slicer, Supervisor, Division of Vocational Rehabilitation, State of Illinois; Mr. Lee Oshman, Vocational Counselor, Spaulding High School; Mr. Malari Khan, Illinois State Employment Service; Mrs. Marian Faucett, Illinois State Employment Service; Mr. John Howell, Veterans Administration; Mr. Russell Cundiff, Chief of Counseling, Veterans Administration; Mr. William Coleman, Deputy Director, Administrative and Fiscal Services; Miss Carolyn Dillon, National Foundation, March of Dimes; Miss Arline Sax, American Heart Association; Mrs. Hanna Anderson, Easter Seal Society; Mrs. Beddoe, Blind Service Association; Miss Giovine Bosco, Paraplegic Foundation; Mrs. Rachel Elliott, Multiple Sclerosis Society; Mr. Brown, Director of Muscular Dystrophy.

STRUCTURE AND PROCEDURES

Prior to embarking on the enterprising venture of providing educational opportunities for the physically handicapped individual in Technical and Occupational Programs, we must first consider an organizational structure which will facilitate the processing of the disabled individual into established programs.

In view of the fact that the City Colleges of Chicago are geographically located to render educational services to all constituents of the metropolitan area, Technical and Occupational Programs are implemented at individual City Colleges to provide the particular community with the technicians needed by the businesses and industries which are contiguous to that college. It then becomes obvious that the efforts of agencies and the individual colleges must articulate and coordinate their efforts to assist the handicapped individual in the fulfillment of his ambitions.

Individuals with varying physical disabilities, after diagnostic and work competencies evaluations have been completed, will be recommended by agencies engaged in providing services to the physically handicapped to enroll in those City College educational institutions who sponsor Technical and Occupational Programs. The evaluation of the handicapped individuals potential in any educational endeavor can not be considered final, because the selected vocational area may not be his "cup of tea" and further evaluation by the college and agency counselors may be required. Physically handicapped individuals are subjected to vocational changes as are the able-bodied individuals; however, their problems may be compounded by the disability in successful performances.

The recommended procedures and organizational structure is as follows:

I. Procedures:

The City Colleges should implement a set of procedures to ensure that the affairs of the physical handicapped student be handled routinely and without the special problems involved in improper accommodations. The handicapped individual must be afforded opportunities in existing Technical and Occupational Programs which will permit him to become part of the "mainstream" of educational endeavors.

A rapport must be established between the collective City Colleges of Chicago and the agencies rendering services to the physically handicapped individuals. This relationship is of prime importance because communication lines must be established to accomplish the following:

a. Inform the various agencies of the Technical and Occupational educational opportunities provided by the City Colleges.

b. Inform the student of the various methods of funding for the physically handicapped individual in his educational pursuits. Such funding can include tuition, books, educational devices to accomplish his desired goal.

c. Collectively evaluate the physical facilities of selected Technical and Vocational Programs for successful completion.

d. Evaluate individual progress commensurate with the disability. Progress could be impeded by the disability or compounded by psychological involvements. If such evaluations dictate that additional therapy is indicated, then the rehabilitation counselor assigned with the particular agency will make the recommendation and follow through with additional rehabilative procedures.

e. Establish procedures for securing employment for those individuals who have completed the program instruction

in their selected vocation.

f. Application for the City College attendance should include a question to determine physical disabilities. Many physically handicapped individuals are unaware that financial assistance can be obtained from state agencies for educational purposes.

II. Organizational Structure

Based on the finding of this study, it is recommended that one individual be assigned the responsibilities of coordinating the activities conducted by the City Colleges of Chicago for physically handicapped individuals. He would serve as a communication link between handicapped students, faculty and staff members, private and state rehabilitation agencies sponsoring the handicapped individual. His responsibilities would entail the following activities:

a. Contacting agencies for potential handicapped students who are desirous and capable of participating in Technical and Occupational Programs of instruction.

b. Assist in evaluation of handicapped individuals with agency rehabilitation personnel in assessing their potentials in selected program choices.

c. Make recommendations of City College for particular Technical and Vocational collegiate educational programs.

d. Coordinate the ancillary services for the handicapped person, such as, psychological therapy, physical therapy, occupational therapy, rehabilitation counseling, and City College counseling services.

e. Assist in procurement of educational devices from Federal

and State Rehabilitation established funds.

f. Evaluate entrance applications when physical disabilities have been indicated.

g. Establish testing procedures for the handicapped individual in cooperation with various educational departments.

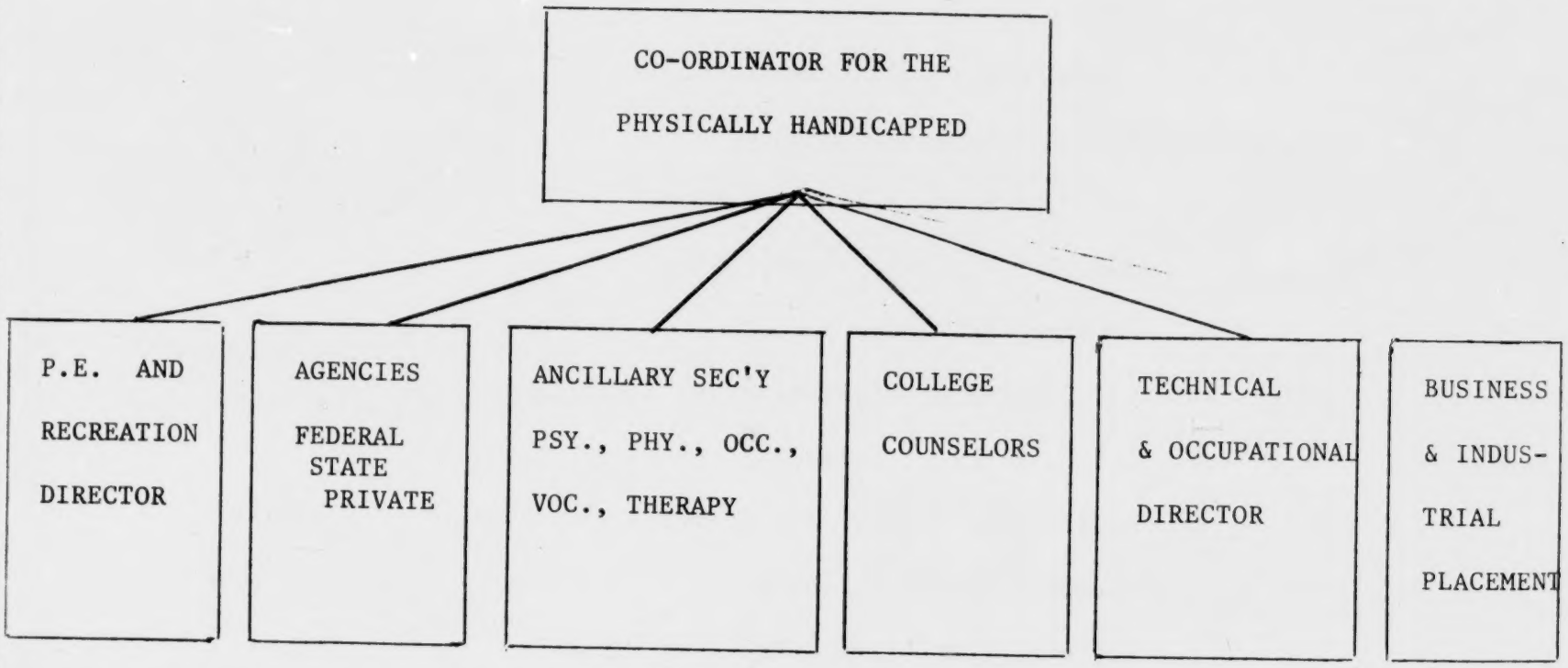
h. Establish communication avenues between the Technical and Occupational directors and agency vocational rehabilitation counselors.

i. Assist in developing modes of transportation for the handicapped individual.

j. Coordinating educational opportunities for the home-bound individual and T. V. College course offerings.

We must realize that the home-bound individual is a member of our society and that we also have a responsibility to him. We must realisticly appraise the home-bound situation with respect to employment placement. Using education as a base, educators may be able to make life a little more meaningful for those individuals that are home-bound. We must also appraise the handicapped individual who needs custodial services to attend college in pursuit of educational opportunities. Granted, we may not be successful in employment placement, but we will have provided an equal educational opportunity.

A simplified organizational chart for the implementation of equal educational opportunities for the physically handicapped is as follows:


CO-ORDINATOR FOR THE
PHYSICALLY HANDICAPPED
P.E. AND
RECREATION
DIRECTOR
AGENCIES
FEDERAL
STATE
PRIVATE
ANCILLARY SEC'Y
PSY., PHY., OCC.,
VOC., THERAPY
COLLEGE
COUNSELORS
TECHNICAL
& OCCUPATIONAL
DIRECTOR
BUSINESS
& INDUS-
TRIAL
PLACEMENT

GENERAL STATISTICS

Since there is no Federal or State Law requiring the registration of chronic or permanent physical disabilities, the completion of data relative to the numbers of handicapped individuals in the City of Chicago has been researched from the following sources:

a. Division of Vocational Rehabilitation

b. Chicago Board of Education

c. Rehabilitation Center

d. Illinois State Employment Service

e. Jewish Vocational Service

f. National Paraplegic Foundation

g. Muscular Dystrophy Association

h. Multiple Sclerosis Society

i. Blind Service Association - 2 Visits

j. Cerebral Palsy, United

k. Easter Seal Society for Metropolitan Chicago - 2 Visits

l. National Epilespy League

m. National Foundation - March of Dimes

n. American Heart Association

o. Illinois State - Division of Family Services
(For Visually Handicapped)

The identification of the physically handicapped individual from the various sources can be misleading in view of the fact that clients who are provided services by the private agencies are referrals made by the Division of Vocational Rehabilitation and the Illinois Employment Employment-Service Agencies.

The number of those individuals who are not identified, because it is

not mandatory to register physical disabilities, is substantial as was determined by "The Committee to Investigate the Hospitalization of Paraplegics," and to ascertain the estimated number of handicapped individuals, known and unknown, in the State of Illinois. The following formulation was used:

The anticipated population of the United States is 179,323,175, 1960 census. The number of permanently physically disabled individuals in the United States is approximately 30,000,000 or 16.7% of the total population.

The population of the State of Illinois is 11,047,000 or 6.1%, (1969) of the National Population. It would be reasonably safe to assume that the numbers of each classification of permanent physically disabled within the State of Illinois would be 6.1% of the recorded figure.

It is also reasonable to assume that the incidence of certain classifications of permanent disability would be greater within the State of Illinois than the proportionate population of the United States because of the concentrated areas of population and highly developed industry in Cook County, the advanced Mechanized Farming in downstate Illinois, the High Registration of Motor Vehicles within the State of Illinois, and the Density of Motor Vehicle Travel throughout the State.

The incidences of physical disabilities could increase in the immediate future for the following reasons:

1. Medical care for injured individuals is closer to the scene of an accident than in the past.
2. Advancement of medical science which inable severely injured individuals to live, but with an increase in the number of

permanent physical disability.

3. Expansion of industry and advancements in machine technology.

4. Increase in the number of motor vehicles and drivers.

5. Increase in leisure time activities.

PERMANENT DISABILITIES*

PARAPLEGIA

400 paraplegics were created by World War I. The mortality was 90% during the first year.

2,500 paraplegics were created by World War II. During the same period of time 1,500 paraplegics were created by civilian enterprise.

It is estimated that there are from 85,000 to 125,000 paraplegics in the United States. The number in Illinois would be estimated to be from 5,185 to 7,625.

HEMIPLEGIA

1,800,000 cases in the United States of which a large portion of this number can be associated with the aged, but hemiplegia is also caused by injury to which youth and young adults are subjected. Within the State of Illinois the estimated number of hemiplegia would be 109,800.

QUADRIPLEGIA, TRIPLEGIA

Complete quadriplegia is regarded as custodial; However, many individuals classified as quadriplegia are not totally custodial even though the level or lesion is in the cervical area.

ORTHOPEDIC DISABILITIES

1,000,000 children in the United States between the ages of five and seventeen; 61,000 in the State of Illinois.

MAJOR AMPUTEES

400,000 in the United States of which 200,000 are in need of special rehabilitation, consideration and training. The estimates in the

State of Illinois would be 24,400 and 12,200.

ARTHRITIS

7,500,000 of which 1,500,000 would definitely benefit from rehabilitation services. The estimates for the State of Illinois would be 457,500 and 91,500.

CEREBRAL PALSY

285,000 in the United States under the age of two.

Seven out of 100,000 population each year are newborn cases of cerebral palsy. Approximately 20% of this number are of normal intelligence or better but require a combination of special educational therapy.

Only 15% is able to attend regular school without special considerations for therapists and special services.

Illinois would then record 17,385 with cerebral palsy under the age of twenty-one.

POLIOMYELITIS

14.4 per 10,000 child population, as of 1954, have disabilities as a result of polio. The State of Illinois would then record 44,640 permanent disabilities among children as a result of polio (1954).

MULTIPLE SCLEROSIS

200,000 in the United States, nearly all in need of rehabilitation services. 12,200 in the State of Illinois

MUSCULAR DISTROPHY

100,000 in the United States; 50,000 between the ages of three and thirteen. The estimate within the State of Illinois would be 6,100 with 3,050 between the ages of three and thirteen.

BLIND

5,800 in the United States under six years of age. The estimate for the State of Illinois would be 354 under the age of seven.

6,600 in the United States between the ages of five and seventeen. The estimate for the State of Illinois would be 403 blind between the ages of five and seventeen.

60,000 school children in the United States have serious visual handicaps. The estimate for the State of Illinois would be 3,660 school children with serious visual handicaps.

OTHER FIGURES OF INTEREST

5,900,000 children in the United States under the age of twenty-one are permanently physically disabled. This is 10% of the total child population (under twenty-one) of the United States. The estimate for the State of Illinois would be in excess of 539,900 permanently physically disabled individuals under the age of twenty-one.

250,000 additional permanently disabled individuals are being created each year. The State of Illinois would then have 15,250 newly created permanently physically disabled individuals each year.

Approximately 8% of physically disabled adults must have special rehabilitation before they are employed.

Approximately an additional 24% have difficulty in gaining employment because of their physical disabilities.

Only 10% of the permanently physical disabled children in the

country needing special education are receiving it.

Approximately 80% is receiving nothing in this area.

*State of Illinois - Commission to Investigate the Hospitalization of Paraplegics.

BOARD OF EDUCATION - CITY OF CHICAGO

The Chicago Public Schools contribute to the realization of equal education opportunities by utilizing many means to meet the varied need of the children and citizens of a modern metropolis.

Mandatory legislation by the State of Illinois in 1965 (House Bill 1407) requires that Boards of Education provide special educational services to children and young people, between the ages of three and twenty-one who are:

Educable Mentally Handicapped, Trainable Mentally Handicapped, Visually Handicapped, Socially Maladjusted, Brain Injured, Emotionally Disturbed, Orthopedically Handicapped, Multiply Handicapped, Home or Hospital Bound, and to children who have Hearing Handicaps, Learning Disabilities, or Speech Handicaps.

Although this study is specially concerned with those individuals who have varying degrees of physical disabilities, it nevertheless is imperative that we examine all types of handicaps included in the catagory of Exceptional Children, to determine the educational opportunities the City College can provide for these individuals beyond the age of twenty - one.

When we consider that at the present time approximately 32,000 of the 64,000 children indicated by the State incidence figure to be in need of special educational services are receiving them in the elementary and secondary schools in Chicago, it then becomes obvious that with such significant numbers, the City Colleges should be providing Technical and Occupational Educational Opportunities for these individuals in our technological society.

The special educational program of the Chicago Board of Education is

one of the ten basic educational programs for which funds are appropriated; and the appropriations for special education for 1970 is $24,200,000 of which the Board contribution is 58.3% and the State of Illinois reimburses 41.7% of the total.

Refer to Appendix A for Board of Education Statistics:

1. Elementary and Secondary School Statistics
2. Disability Trend in Home Bound Children
3. Children in Special Schools for Physically Handicapped

SPECIFIC PROBLEMS OF THE HANDICAPPED AT INSTITUTIONS OF HIGHER LEARNING

I. Architectural Barriers

With the exceptions of the University of Illinois and Southern Illinois University very little has been done to provide total "access to other college or University facilities; including, class buildings, dormitories, recreational buildings, restrooms, etc. Handicapped individuals, who register without consultation with Division and Vocational Rehabilitation counselors, and who are accepted at various state schools, often find themselves unable to travel on a campus or to have access to living areas and other campus facilities.

II. Admission Requirements

Although universities have no written policy excluding the handicapped, very little is done to encourage the handicapped individual in his academic pursuits. The lack of understanding on the part of individual departments and faculty members forces the handicapped, but otherwise capable individual, to either "drop out" without a degree or to change their major fields during their junior and senior years. Such affected changes often necessitate that the individual pursue a masters degree in other areas before employment can be obtained.

III. Counseling and Guidance Services

The handicapped individual has identified himself with the Division of Vocational Rehabilitation counselor who is not trained in the academic internal functions of the university; consequently, difficulties and problems which arise are not satisfactorily resolved. The rehabilitation services could be expedited more effectively if there were closer coordination between the school counselor responsible for guidance and the student's difficulties, and the Division of Vocational Rehabilitation counselor providing rehabilitation services.

DIVISION OF VOCATIONAL REHABILITATION

The State Division of Vocational Rehabilitation has the major responsibility for providing assistance to all disabled persons in the State of Illinois, who are eligible for the services provided.

The requirements for applicants to qualify for the services provided by the Division of Vocational Rehabilitation are as follows:

1. Applicants must have a disability which prevents him from earning a living, or prevents him from getting a job more suited to his capabilities, or threatens his continued employment.
2. The applicant must have a reasonable chance of being able to obtain suitable employment after services are provided.

The services which are provided to eligible clients include medical and surgical treatment, training for positions in various occupations and for those who qualify, college and university educations, and eventually placement in a position commensurate with abilities and training. Many of those individuals who qualify for college and university training may have disabilities which include emotional problems, severe physical or orthopedic problems, blind and visual impairments, deafness or severe hearing involvements, neurological disorders such as epilepsy, etc.

Before the handicapped individual with varying physical and mental disabilities can hope to pursue educational endeavors, there must be a reasonable expectation that vocational rehabilitational services can render the individual fit to engage in these pursuits.

The Division of Vocational Rehabilitation Services which are available to the Handicapped Individual are as follows:

1. Diagnostic (Medical Vocational, Psychological)
2. Vocational Counseling and Guidance
3. Physical Restoration
4. Training which includes higher education.
5. Job Placement and Follow-Up
6. Additional services when needed.

To determine the number of physically handicapped individuals that could be provided Technical and Occupational Educational Opportunities by the City Colleges of Chicago, statistical data was requested from the State of Illinois Board of Vocational Education and Rehabilitation, Division of Vocational Rehabilitation, for the various classifications of physical handicaps and the numbers of individuals who were rendered services by the Division of Vocational Rehabilitation in the State, Cook County, and the City of Chicago.

When referrals are made to the Divis of Vocational Rehabilitation, and after the diagnostic evaluations are com ted, those individuals who might profit by Technical and Occupational Training are referred to private and public institutions whose services are purchased by the Division Of Vocational Rehabilitation. Such services purchased are commensurated with the desires, capabilities, and potentials of the clients. It is estimated that 30% of the active case loads of all classifications within the State of Illinois, Cook County, and Chicago are in a training status in vocational or academic workshops, schools, and colleges.

The magnitude of the physically handicapped individuals being serviced by the Division of Vocational Rehabilitation are reflected in the following statistics:

Refer to Appendix B

VOCATIONAL PLACEMENT

The philosophical commitment by business and industries that their personal management policies are flexible and do permit the hiring of the physically handicapped individual is a broad and general statement. Such a commitment, in most incidences, is shrouded with humanitarian ideals; and the adherence to this philosophy necessitates that many job classifications comprising a given industry be evaluated with the hope of finding the job which can be handled by the disabled individual.

The experiences which are encountered by the Placement Service, Division of Vocational Rehabilitation, is an example of the problem areas that can be expected.

The primary objective of the Placement Service is: "Make tax eaters tax payers." Individuals with varying degrees of handicaps from the age of 16 and up, who had employment but became unemployable because of a sustained injury, or who have never been employed, can request the placement services in procuring employment.

The sequential order with the individual client is as follows:

The individual is first evaluated by a physician and his disability assessed and his physical limitations determined. With this factual information, the placement counselor then proceeds to find employment commensurate with the disability.

If in the pursuit of industrial employment a policy for hiring the physically handicapped individual does exist, then the search for the job which the individual can handle competently is pursued. Concessions are not requested from industry for the individual because of the disability; and if the individual can not perform in the job to the satisfaction of the employer, the responsibility for removing the employee or improving his

proficiency in the job by the acquisitional of skills becomes that of the placement counselor. If the latter is the case, then training programs are researched for such training.

Where industrial policies for the hiring of individuals with handicaps are not evident, then it becomes the responsibility of the placement counselor to attempt to change fallacious concepts by extolling the benefits that can be derived by the particular industry in hiring the disabled individual; namely, lower absenteeism, punctuality, job concentration, etc.

The aura which permeates many industrial hiring procedures is that the disabled cannot perform with physically abled bodied individuals. To coin a phrase, "The disability lies within the body of one, but in the minds of many." In addition, many employers have used the excuse, that the hiring of the disabled individual would increase their insurance costs, but this is not how Workman's Compensation Insurance Rates are determined. Two factors are used in the determination of these rates:

a. The relative hazards common to a company's operation.

b. The company's accident experience rate or factor.

The formula for determining premium rates do not take into consideration the kind of personnel hired, nor does the insurance contract with the employer state, imply, or direct, about the physical condition of the workers an insurer may hire.

It is true, however, that a relatively high number of costs of claims over a period of time will cause an increase in an employer's compensation insurance rates; and it is also true, that if a disabled worker were not properly selected for a given job, he would be more accident prone and consequently suffer greater disability. Thus causing insurance costs to be increased. Statistics by the Accident Prevention Department of the Association

of Casualty and Insurance Companies, and the New York University Center for Safety Education have shown that when handicapped workers are placed at proper jobs the handicapped have an accident experience that is as good as that of their ablebodied fellow workers.

The misconception surrounding the employability of the handicapped must be dispelled, and the procedures to obviate these objections evolves around the selected placement of the physically handicapped individual with technical and occupational training with the acquisition of skills pertinent to industrial employment.

Various survey methods were conducted to determine the employers who had established policies for the hiring of physically handicapped individuals. One method employed was a telephone survey of employers which encompassed the City of Chicago, and the second was a questionnaire which was mailed to business and industries who are serviced by the Chicago South Chamber of Commerce.

The names of the employers who do have a program for the hiring of the qualified physically handicapped individual, is included in the Appendix C.

Refer to Appendix C.

PRIVATE AGENCIES

Private agencies that provided services for the physically handicapped individuals, were enthusiastic about the possibilities of the City Colleges of Chicago implementing procedures to incorporate those individuals with varying degrees of disabilities into the main stream of educational endeavors, and especially for those whose attitudes and aspirations are directed to the two year Technical and Occupational Programs.

The majority of the supervisory personnel contacted regarding the feasibility study agreed that many of their clients are not capable of coping with the normal rigors associated with programs of study which are designed to prepare the individual to transfer to a four year institution. However, agreement was unanimous that programs which are designed to prepare an individual with salable skills so he may become a productive member of society are the only avenues to independence open to the handicapped person.

The concern over procedures and methods for inaugurating Technical and Occupational Programs for the handicapped evolves around the imprudent philosophy of segregating individuals because of their disability. Various handicapped workshops have been established to provide for vocational training of individuals with varying disabilities but only because there are no other institutions equipped architecturally or phisophically to provide for their needs. The handicapped student should be in the real college environment, or in the main stream of activities provided for the able-bodied student. He shouldn't be sheltered in the acquisition of knowledge and skills pertinent to finding his "place under the sun."

The segregating of handicapped individuals, as experienced by agency personnel, has a psychological trauma on the student and also permits the student to cater to his disability to a greater degree. In addition, neither the handicapped nor the able-bodied ever get to know each other which is unrealistic in the work-a-day world. It has also been statistically proven that the individual in the non-sheltered environment succeeds at a higher rate then the person in a sheltered environment.

Refer to Appendix D for Individual Agency Reports.

CHICAGO REHABILITATION INSTITUTE

The Chicago Rehabilitation Institute provides services to those individuals, regardless of age, who have sustained accidental injuries and are unable to maintain themselves in their former vocation. It also provides services to those individuals who can not receive physical rehabilitative services from other agencies.

The Institute is directed by Dr. Jane Borges who expressed that the main concern of the medical personnel involved in the restoration of the physically handicapped individuals is that of providing them with technical and vocational skills commenserate with the handicaps so they can become self supporting and again become productive members of society. The advancements in medical sciences are successful in restoring the individuals physical status with many various compensations, but which necessitates the learning or re-learning of skills to succeed in a technological society.

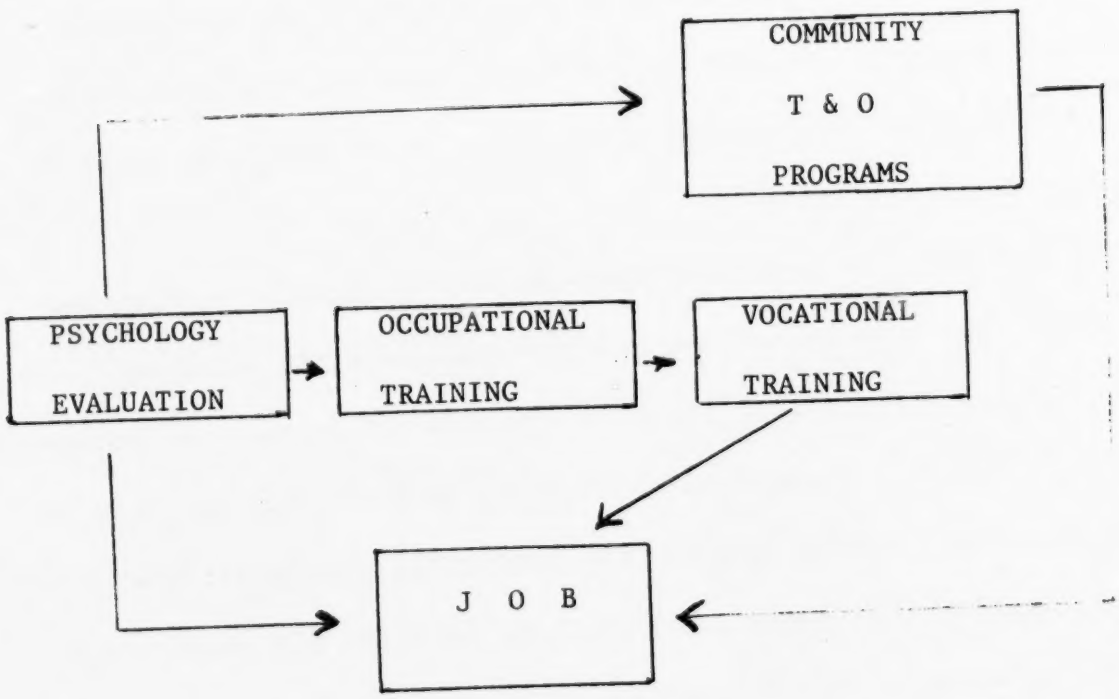
The providing of opportunities for the physically handicapped individuals, who have the potentials for succeeding in existing Technical and Occupational Programs by the City Colleges of Chicago was enthusiastically received by Dr. Jane Borges and other staff members, and provides the medical personnel with an answer to a frustating question; "What do we do with the disabled individual after we have restored him physically? "

It was mutually agreed that prior to recommending and involving a physically handicapped individual in any Technical and Occupation Program that diagnostic and work evaluation be established as the criteria for those pursuing a designated program. The development of an evaluation instrument is of critical importance, because extreme care must be exercised not to compound the handicapped individual with insurmountable objectives.

Failure at this stage of vocational re-development can inhibit the rehabilitating program or completely destroy the individuals incentive for success.

The Chicago Rehabilitation Institute conducted a survey in May and June of 1970 which reflects the need for the implementation of procedures for providing vocational skill learnings for the disabled individual beyond that which is provided in the traditional high schools. Refer to Appendix E

The following organizational chart is in the process of being developed by the Chicago Rehabilitation Institute as procedures that will enhance the rehabilitation of the physically handicapped individuals.



ADVISORY COUNCIL

Before the City Colleges of Chicago can embark on a concentrated effort to provide educational opportunities in Technical and Occupational Programs for the physically handicapped individuals, it behoves the Central Administration to solicit the expertise of those individuals with various state supported and private agencies rendering services to the handicapped individuals.

The individuals listed have been contacted and welcome the opportunity to serve as advisors in establishing procedures of equal educational opportunities in Technical and Occupational Programs:

Mr. George Conn	Governors Committee on Handicapped Individuals
Dr. Jane Borges	Chicago Rehabilitation Institute
Dr. Tim Nugent	Director of Illinois Rehabilitation Institute
Mr. Benjamin Mark	Division Vocational Rehabilitation, Regional Director
Mr. Robert Theall	Division Vocational Rehabilitation, Chief of Placement
Dr. Roger J. Meyer	Social & Rehabilitation Services, Regional Director
Dr. Herman Murov	Jewish Vocational Services of Chicago
Mr. Malari T. Khan	Illinois State Employment Service
Mr. Bernard F. Quigley	Assistant Co-Ordinator of Special Programs Division of Vocational Education

PROJECTED INCIDENCES *

With the advancements in medical technology, the appropriate question offered by the lay individual is, "Will the expenditures for the implementation of programs and facilities be transient in nature? "

The research which has been pursued relative to the feasibility study on the physically handicapped individuals and the statistical data accumulated reveals that in any metropolitan area there will always be a substantial number of individuals who will be physically handicapped as a result of accidents, wars, and congenital abormalities.

The number of individuals who are physically handicapped because of congenital abnormalities will always constitute a large percentage of the total disabilities, and the early discovery of all congenital defects is an impossible task. Even if such defects were obvious, they may be overlooked because of parental oversight, neglect of noticeable symptoms or lack of thorough examinations during the early years of life.

Many studies have been initiated to determine incidence and pathogenesis of congential abormalities, but establishing effective primary preventive measures are forthcoming. However, the lack of primary measures has been partly offset by recent developments of new surgical and metabolic aids which now allow many children with handicaps to function independently.

The study of congenital abnormalities conducted in 1964 on information for 1,775 of the 1,813 children born in 1952 to the residents of Chittenden County, Vermount, revealed the following;

Two hundred and thirty eight children with 270 malformations were discovered and the incidence of malformations was 152.1 per 1,000 live births: 42.6% of the defects were discovered in the prenatal period.

An additional 16.3% were detected between the ages of one month and one year, and 36.3% were discovered initally after one year of age.

* Congenital abnormalities in a Vermount County

RECOMMENDED PROGRAMS

Before the City Colleges of Chicago should undertake the monumental task of developing extensive procedures for the implementation of programs for the physically handicapped individual in technical and occupational education pursuits, a point of departure for such programs should be established.

Two programs are recommended as initial undertakings, and although they reflect divergent philosophies: namely, "Main Stream" and "Sheltered Workshops", both programs are in operation and are experiencing a great degree of success... The implementation of established programs on the Commumity College level will eliminate the duplication of initial mistakes and will enhance the vocational opportunities of those physically handicapped individuals enrolled in the programs. A consortium of existing and proposedprograms will exemplify a concerted effort by communities to resolve the dilemma of the physically handicapped individual in providing him with vocational educational opportunities.

I. Cooperative Vocational Program

The implementing of cooperative vocational program for the physically handicapped affords the individual the opportunity to take full advantage of existing Technical and Occupational Programs of the City Colleges, and it will also enable him to gain invaluable work experience.

The physically handicapped person is unable to cope with the established standards of the competitive society. In order to make a satisfactory social and economic adjustment a great deal of prepartory work must be done in his behalf.

Preperation must be made in terms of:

1. Evaluating the handicap's potentials, skills and interests.

2. Determining requirements of various job classifications within the scope of Technical and Occupational Program being pursued.

3. Encouraging students to capatilize on their abilities to become economically competent.

4. Identifying employers who will hire the handicapped individual with marketable skills.

The individuals responsible for the coordination of a Cooperative Vocational Program would have to research prospective employers within a given technical area, who will employ the handicapped as they develop work knowledge and skills.

Procedures for the implementation of cooperative Technical and Occupational Program are as follows:

1. Survey those industries and business enterprises who will provide work-study opportunities for the physically handicapped individual.

2. Student applicants for the program must be ambulatory and have the potentials for succeeding.

3. Alternating academic and work experiences. Time allotments should be developed within the frame work of the curriculm, and also with the potential employer.

Communication lines must be established between the employer and the program coodinator to provide continuous supervision and evaluation of on-the-job training.

II. Vocational Programs for the Deaf*

The Delgado Community Junior College of New Orleans, Louisiana

has implemented a Research and Demonstration Program for the deaf. The purpose of the program is to demonstrate that academic and vocational education for the deaf and hard of hearing can be effectively provided in an institution primarily designed for those able to hear. The program requires a Fifth Grade Achievement Level or above. Prospective students must be able to demonstrate that they will benefit from the program.

The hypothesis for this Research and Demonstration Program is that deaf students can succeed in obtaining an education in an institution primarily designed for the hearing if they are provided proper preparatory and supportive help.

The preparatory and supportive help includes a strong preparatory semester with emphasis on adjustment and exploratory activities, a supportive education program for continuing academic and vocational support throughout training and interperter services in the classrooms.

All deaf students are referred through their State agency at which time an admission committee acts upon the referral. The referring counselor is requested to furnish the admission committee with all supporting material including his basic information, medical workup, educational background, including a recent transcript of credits and a recent psychological evaluation and family membership. The admissions committee is composed of the coordinator, counselor, social worker, psychologist, and an otologist.

The program is divided into three phases: The Preparatory Phase. The Training and Supportive Education Phase, and the Job Preparation Phase.

If the student is admitted to the program, he may or may not be required to enroll in the Preparatory Semester. This will depend on his previous work

experience and level of achievement. It is possible for the beginning student to register for college classes, or he may be required to take classes in the Preparatory Phases as well as classes in the college.

The Preparatory Phase functions in an initial orientation and preparatory capacity to prepare the students for entry into the college program, while the Supportive Phase provides reinforcement and tutoring services concurrent with the academic and vocational training courses in the college.

The Preparatory Semester is composed of six courses, all of them carry three hours credit. These courses are as follows:

1. Occupational Information - A Survey of the World of Work. Including a review of basic job families, job requirements, job applications, and job analysis.
2. Preparatory English - Remedial in nature and is designed to improve the functional reading and writing skills of the student.
3. Personal Management - Consists of information on good study habits, budgeting, grooming, safety, first aid, health, and other subjects which help the student to adjust to his new environment.
4. Preparatory Math -Designed to improve the math skills of the individual to that level commensurate with the area of training desired.
5. Communication Skills - Designed to improve the communication skills of the student including finger-spelling, sign language, or oral communication. In addition, this course prepares the student for eventual use of interpreters in the classes primarily designed for the hearing.

6. Survey of Vocational Interest - Consists of exploratory information for the student in simulated work activities. This provides first hand exposure to determine interest and indicators or potential areas of training.

In addition to the afore-mentioned courses, the student is aided in adjusting to his new environment. Regularly scheduled counseling and social work services provide the impetus for adjustment.

At the conclusion of the Preparatory Semester, a progress staffing is held at which time all facets of the student's activities are discussed and suggestions for the future planning are directed to the referring counselor for approval. If the consensus of the progress staffing committee is that the students occupational goals are realistic and that he has the ability to succeed,he is permitted to schedule required college classes. The student then enters the second phase of the program, The Training and Supportive Education Phase. Most students take all the courses required by his area of specialization. Those students who wish to take selective or elective courses and who do not plan to work toward an Assosiates Degree, or Diploma or Certificate may do so.

During the Preparatory Semester, the supportive educational needs of the students are identified, and the student may be scheduled for supportive help in vocational or academic areas as indicated. In addition, counseling and social work service are continuous throughout training.

Upon successful completion of training or of the realization of his vocational objectives, the student may have three options:

1. The program counselor, in cooperation with the rehabilitation staff, will make an effort to place him in an on-the-job training

program in New Orleans where supervision is given for a reasonable time;

2. If he chooses permanent employment, the same professional services are made available to him;
3. On the other hand, if the student prefers, the school will supply the referring counselor with a complete case summary which can be used for job placement.

*Journal of Rehabilitation of the Deaf

Volume 3 Number 1 July 1969

DEFINITION OF TERMS

CEREBRAL PALSY

Cerebral - Pertaining to the cerebrum.
Palsy - Paralysis
Paralysis due to an intracranial lesion.

POLIOMYELITIS

Inflammation of gray substance of spinal cord. An acute infectious virus disease usually marked by fever, paralysis, and muscular atrophy.

CARDIAC

Pertaining to the heart.

SPINA BIFIDA

A developmental anomaly characterized by a defect of closure of the bony spinal canal.

MUSCULAR DYSTROPHY

Progressive atrophy of the muscles with no discoverable lesion of the spinal cord.

LEGG-PERTHES DISEASE

Inflammation of both bone and cartilage.

SLIPPED EPIPHYSIS

The hip or hip joint. The downward bending of the neck of the femur.

HEMOPHILIA

A condition characterized by impaired coagulability of the blood and a strong tendency to bleed.

ARTHRITIS

Inflammation of a joint - marked by pain, heat, redness, and swelling.

AMPUTATION

Removal of a limb or other appendage of the body.

ASTHMA

Recurrent paroxysmal dyspnea, with wheezing cough, and sense of constriction.

EPILEPSY

Nervous disease marked by seizures with convulsions and loss of consciousness.

FRIEDREICH'S ATAXIA

Incoordination of voluntary muscular movements.

NEPHRITIS

Inflammation of the kidney.

NEPHROSIS

Any disease of the kidney, especially such disease characterized by degenerative lesions, the renal parerchyma.

OSTEOGENENSIS IMPERFECTA

An inherited condition in which the bones are abnormally brittle and subjected to fracture, associated with Blue Sclera and sometimes Otosclerotic Deafness.

OSTEOMYELITIS

Inflammation of bone caused by a Pyogenic Micro organism.

SICKLE CELL ANEMIA

A disease marked by anemia, leg ulcers, and sickle-like shape of red blood cells.

TRAUMATIC INJURIES

Pertaining to external force which damages the organism.

TUMOR

A swelling or enlargement, especially one due to pathologic overgrowth of tissue.

APPENDECIES

Appendix A.

1. Elementary and secondary school statistics
2. Disability trends in home-bound children
3. Children in special schools for physically handicapped

Appendix B.

1. Division of Vocational Rehabilitation
2. Number of cases for Chicago and Cook County by disabilities
3. For fiscal year 1969 - Selected socio-economic characteristics and dollar expenditures by disabilities for the fiscal year 1969
4. Division of Vocational Rehabilitation statistics for the City of Chicago

   Number of classes; number of students; and expenditures by disabilities for fiscal year 1967
5. Division of Vocational Rehabilitation statistics for the City of Chicago

   Number of classes; number of students; and expenditures by disabilities for fiscal year 1968
6. Division of Vocational Rehabilitation Statistic for State of Illinois
7. Division of Vocational Rehabilitation for fiscal year 1970

Appendix C.

1. Names of employers who will hire the handicapped individual

Appendix D.

1. Individual agency reports

Appendix E.

1. Employment categories
2. Community resources and Age Groups
3. Nature and site of Accidents

APPENDIX A-1

DIVISION OF ORTHOPEDICALLY HANDICAPPED CHILDREN

ELEMENTARY	REGULAR GRADES PUPILS	DIVISIONS	EMH-PH/PH PUPILS	DIVISIONS	TOTAL	TOTAL
LUTHER BURBANK	45	3	44	5	89	
LOVETT BRANCH	69	8	21	3	90	179
CHRISTOPHER	130	10	52	5	182	
NIGHTINGALE BRANCH	43	4	41	4	84	266
JANE NEIL	143	10	42	3	185	185
*SPAULDING ELEMENTARY	242	26	179	16	421	421
BLIND			16	2		
PARTIALLY SEEING			12	1		
DEAF & H/H			18	3		
TOTAL ELEMENTARY	672		379			1051
HIGH SCHOOL						
SPAULDING HIGH	337	29	110	10	447	447
BLIND			5	1		
PARTIALLY SEEING			10	1		
DEAF & H/H			9	1		
TOTAL ALL SCHOOLS	1009		489			1498

*BRAIN INJURED (7) NOT INCLUDED

APPENDIX A-2

DISABILITY TRENDS IN HOMEBOUND CHILDREN
1954 - 1965

DIAGNOSTIC CATEGORY	OCT.'54 No.	%	JUNE '56 No.	%	NOV.'58 No.	%	NOV.'60 No.	%	NOV.'61 No.	%	NOV.'62 No.	%	NOV.'63 No.	%	NOV.'64 No.	%	NOV.'65 No.	%
CEREBRAL PALSY					3	1.9	4	2.3	2	1.1	4	2.4	3	1.5	4	2.0	7	4.2
POLIOMYELITIS	26	24.0	32	15.3	14	9.0	21	12.2	22	11.6	14	8.3	13	6.7	18	9.0	7	4.2
CARDIAC	16	14.9	46	22.0	31	20.0	25	14.7	25	13.2	23	13.7	26	13.3	26	13.1	11	6.6
CONGENITAL DEFECTS: EXCLUDING SPINA BIFIDA					4	2.5	5	2.9	1	.5	1	.6	3	1.5	9	4.5	17	10.2
SPINA BIFIDA							2	1.1	3	1.6	4	2.4	3	1.5	1	.5	1	.6
MUSCULAR DYSTROPHY	7	6.4	7	3.3	6	3.8	7	4.0	8	4.2	11	6.5	9	4.6	9	4.5	9	5.4
T.B. BONE & JOINT	3	2.8													1	.5		
LEGG-PERTHES DISEASE	2	1.9	2	1.0	2	1.3	3	1.8	2	1.1					7	3.5	8	4.8
SLIPPED EPIPHYSIS	7	6.4	15	7.2	11	7.0	8	4.7	8	4.2	16	9.5	17	8.7	12	6.0	13	7.8
HEMOPHILIA	1	.9	2	1.0	1	.6	2	1.1	2	1.1	2	1.2	3	1.5	4	2.0	1	.6
ARTHRITIS	1	.9	3	1.4	2	1.3	5	2.9	5	2.7	3	1.8	2	1.0	4	2.0	3	1.8
NON-CONGENITAL: AMPUTATION					2	1.3	2	1.1	1	.5	1	.6	1	.5				
ASTHMA	1	.9	4	1.9	3	1.9	1	.6			1	.6	3	1.5	1	.5		
BRAIN PATHOLOGIES					3	1.0			1	.5	3	1.8	5	2.6	5	2.5	3	1.8
EPILEPSY (Without other disability)			3	1.4	1	.6	1	.6	2	1.1	3	1.8	1	.5				
FRACTURE, NON-CONGENITAL DISLOCATION	18	16.6	47	22.5	19	13.0	35	20.4	37	19.6	41	24.4	53	27.2	41	20.6	55	33.1
FRIEDREICH'S ATAXIA																		
NEPHRITIS OR NEPHROSIS	3	2.8	15	7.2	10	6.5	7	4.0	4	2.1	2	1.2	5	2.6	12	6.0	9	5.4
OSTEOGENESIS IMPERFECTA					2	1.3	2	1.1	3	1.6	3	1.8	1	.5			1	.6
OSTEOMYELITIS					3	1.9	2	1.1	3	1.6	1	.6	2	1.0	1	.5	1	.6
SICKLE CELL ANEMIA									1	.5							1	.6
TRAUMATIC INJURIES (Excluding Fractures)					4	2.6	2	1.1	4	2.1	1	.6	2	1.0	5	2.5	2	1.2
TUMOR (Excluding Brain Tumor)					5	3.2	5	2.9	1	.5	2	1.2	1	.5	1	.5	3	1.8
MISCELLANEOUS	23	21.2	33	15.8	28	18.1	32	19.3	54	28.6	32	19.0	42	21.5	38	19.1	12	7.2
TOTAL NUMBER ENROLLED	108	99.7	209	100.0	154	99.7	171	99.9	189	100.0	168	100.0	195	99.7	199	99.8	166	99.7

APPENDIX A-3

DISABILITY TRENDS - 1954 to 1965
CHILDREN IN SPECIAL SCHOOLS FOR PHYSICALLY HANDICAPPED

DIAGNOSTIC CATEGORY*	APR.'54 No.	APR.'54 %	DEC.'56 No.	DEC.'56 %	NOV.'58 No.	NOV.'58 %	NOV.'59 No.	NOV.'59 %	NOV.'60 No.	NOV.'60 %	NOV.'61 No.	NOV.'61 %	NOV.'62 No.	NOV.'62 %	NOV.'63 No.	NOV.'63 %	NOV.'64 No.	NOV.'64 %	NOV.'65 No.	NOV.'65 %
CEREBRAL PALSY	448	33.3	447	32.3	445	32.0	427	31.3	431	32.0	427	32.0	476	35.1	476	34.7	477	34.7	523	36.4
POLIOMYELITIS	291	21.6	301	21.8	335	24.1	340	24.9	326	24.2	331	25.0	316	23.3	292	21.3	265	19.3	266	18.5
CONGENITAL DEFECTS: EXCLUDING SPINA BIFIDA	74	5.6	62	4.4	109	7.8	91	6.7	81	6.0	89	6.7	90	6.6	90	6.6	82	6.0	102	7.1
SPINA BIFIDA	36	2.7	35	2.6	44	3.2	43	3.2	42	3.1	42	3.2	42	3.2	49	3.6	50	3.6	51	3.6
MUSCULAR DYSTROPHY	63	4.7	51	3.7	48	3.5	52	3.8	54	4.0	60	4.5	65	4.8	64	4.7	70	5.1	75	5.2
CARDIAC	146	10.8	146	10.6	117	8.4	102	7.5	104	7.7	72	5.4	76	5.6	78	5.7	91	6.6	50	3.5
SLIPPED EPIPHYSIS	24	1.7	19	1.3	28	2.0	27	2.0	30	2.2	34	2.6	26	1.9	34	2.5	33	2.4	40	2.8
BRAIN PATHOLOGIES					33	2.4	36	2.6	41	3.0	42	3.2	27	2.0	31	2.3	34	2.5	35	2.4
HEMOPHILIA	19	1.4	26	1.9	30	2.2	33	2.4	33	2.4	33	2.5	31	2.3	28	2.0	30	2.2	31	2.2
LEGG-PERTHES DISEASE	33	2.5	26	1.9	31	2.2	27	2.0	27	2.0	29	2.2	28	2.1	27	2.0	28	2.0	30	2.1
TOTAL ENROLLMENT IN ALL SPECIAL SCHOOLS	1,346		1,383		1,390		1,363		1,348		1,326		1,358		1,373		1,376		1,435	

*Diagnostic Categories which contained less than 2% of the November, 1965 total enrollment in the four special schools for physically handicapped are not listed in the above table.

APPENDIX B-1

STATE OF ILLINOIS
BOARD OF VOCATIONAL EDUCATION AND REHABILITATION
DIVISION OF VOCATIONAL REHABILITATION

NUMBER OF CASES CLOSED DURING FISCAL YEAR 1969
SUCCESSFULLY OR UNSUCCESSFULLY ABOVE THE LEVEL OF APPLICATION
FOR SELECTED DISABILITIES AND ACCORDING TO WHETHER
RESIDENT OF CHICAGO OR COOK COUNTY

	City of Chicago	Rest of Cook County	TOTAL
ORTHOPEDIC			
A - 3 or more limbs	125	35	160
B - 1 upper, 1 lower	125	38	161
C - 1 or both upper	88	31	119
D - 1 or both lower	242	74	316
E - Other	178	65	243
TOTAL ORTHOPEDIC	756	243	999
CARDIAC	161	54	215
VISUAL	168	38	206
BLIND	147	51	198
DEAF	150	52	202
HARD OF HEARING	154	50	204
TOTAL	1,536	488	2,024

Research and Statistics
July 16, 1970

APPENDIX B-2

STATE OF ILLINOIS
DIVISION OF VOCATIONAL REHABILITATION

STATE AS A WHOLE	TOTAL	MALE	FEMALE	WHITE	NON WHITE	$$ TO D.V.R.	AVERAGE $$$
ALL Visual	1226	660	566	1005	221	594869	485
Blind 10-	101	54	47	92	9	78872	781
Blind 11-	262	143	119	226	36	184781	105
Blind one, other bad 12-	144	75	69	126	18	85474	594
Blind one, other good 13-	258	183	75	218	40	136725	530
Other Visual 14-	461	205	256	343	118	109017	236
ALL Mental	3714	2221	1493	2967	747	2566046	691
Mental Illness Sub-Total	2452	1402	1050	2060	392	1521583	621
Psychosis 500	440	214	226	392	48	313851	713
Psychoneurosis 510	509	228	281	466	43	294793	579
Alcoholism 520	61	51	10	57	4	15260	250
Drug Addiction 521	6	5	1	5	1	5287	881
Personality Disorder 522	1436	904	532	1140	296	892392	621
Mental Retardation Sub.	1212	792	420	907	305	1043675	861
Retard., Mild 530	758	495	263	579	179	629408	830
Retard., Moderate 532	385	247	138	281	104	359753	934
Retard., Severe 534	69	50	19	47	22	54514	790
Social Disability 550	50	27	23	---	50	788	16
ALL Deaf & Hard Hearing	886	455	431	777	109	586965	662
Deaf Unable 200-209	107	60	47	84	23	81194	759
Deaf Able 210-219	252	123	129	222	30	218140	867
Sub-Total Deaf	359	183	176	306	53	299334	834
Other Hearing 220-229	527	272	255	471	56	287631	546
ALL Orthopedic	2625	1752	873	2247	378	2231563	850
3 or more 30-31	224	123	101	204	20	349829	1562
1 upper, + 1 lower 32-33	210	118	92	171	39	216345	1030
1 or 2 upper 34-35	245	167	78	215	30	170802	697
1 or 2 lower 36-37	705	432	273	617	88	679585	964
Other Impairments 38-39	671	467	204	609	62	410459	612
Amputations 4 --	570	445	125	431	139	404543	710
ALL Other Disabilities	4959	2060	2899	4123	836	2494831	503
Cardiac 640-644	407	241	166	329	78	350891	862
Other Circulatory 645-649	133	45	88	96	37	77820	585
Epilepsy 630	261	151	110	218	43	142455	546
Tuberculosis 650	181	115	66				
Dental 660	2582	872	1710	2147	435	896580	347
Other	1395	636	1233	162	99	962235	690
ALL DISABILITIES	13410	7148	6262	11119	2291	8474274	632

APPENDIX B-3

July 1, 1967 to June 30, 1968

CITY OF CHICAGO

I. PROFESSIONAL WORKERS	Column 1. *	Column 2. *	Column 3. *	Column 4. *	Column 5. *	Column 6. *
Physically Handicapped	110	96.946	108	2,939	1,704.66	$ 387,801.50
Physical Therapist	37	32.389	35	-----	--------	129,573.50
Partially Seeing	58	54.545	55	665	613.77	218,197.50
Blind	17	15.948	17	-----	--------	63,792.00
Deaf & Hard of Hearing	42	34.919	42	907	793.78	139,798.50
Pre-School Deaf	4	2,930	4	-----	--------	14,650.00
Educable Mentally Handicapped	696	572.188	636	7,946	7,091.56	2,295,122.00
Trainable Mentally Handicapped	51	45.287	51	594	501.09	181,435.00
School Social Worker	21	18.043	21	760	267.00	72,172.00
Speech	103	87.069	102	9,234	8,033.58	348,601.50
Socially Maladjusted	267	217.154	243	5,789	2,534.33	871,167.50
Multiply Handicapped	110	90.448	94	-----	--------	360,021.00
School Psychologists	63	59.051	---	10,997	--------	295,335.00
School Psychologist Interns	9	5.500	---	------	--------	22,000.00
Brain Injured	11	11.000	11	51	50.01	44,035.00
Supervisors	51	41.895	---	------	--------	167,580.00
Administrator	1	1.000	---	------	--------	5,000.00
TOTAL PROFESSIONAL WORKERS	1,656	1,386.312	1,419	39,882	21,589.78	$5,616,282.00

II. SPECIAL TEACHERS FOR HOME - HOSPITAL INSTRUCTION						
Home Instruction	32	29.741	---	------	--------	$ 119,482.00
Hospital	43	36.803	---	------	--------	155,212.00
TOTAL HOME-HOSPITAL	75	68.544	---	------	--------	$ 274,694.00
III. TRANSPORTATION	---	------	---	5,608	5,539.00	$1,174,838.82
IV. NON-CERTIFIED EMPLOYEES	218	203.879	---	------	--------	$ 293,901.00
TOTAL CITY OF CHICAGO	1,949	1,658.735	1,419	45,490	27,128.78	$7,359,715.82

* Column 1. Number of Professional Workers
Column 2. Average Number of Full-Time Professional Workers
Column 3. Number of Classes
Column 4. Number of Pupils
Column 5. A.D.A. Case Loan
Column 6. Amount Processed

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APPENDIX B-4

STATE OF ILLINOIS

I. PROFESSIONAL WORKERS	Column 1. *	Column 2. *	Column 3. *	Column 4. *	Column 5. *	Column 6. *
Physically Handicapped	178	140.877	152	3,808	2,479.85	$ 563,508.00
Physical Therapist	51	41.380	52	386	373.28	165,520.00
Occupational Therapist	6	4.813	6	140	131.00	19,252.00
TOTAL PHYSICALLY HANDICAPPED	235	187.070	210	4,234	2,984.13	$ 748,280.00
Partially Seeing	117	102.780	107	1,103	976.88	411,120.00
Blind	42	31.072	34	117	103.50	124,288.00
Deaf & Hard of Hearing	194	150.793	170	2,225	1,952.28	603,172.00
Pre-School Deaf	69	58.903	37	395	300.01	294,515.00
Educable Mentally Handicapped	2,118	1,722.398	1,850	24,316	20,932.38	6,889,592.00
Trainable Mentally Handicapped	304	266,348	277	3,195	2,662.87	1,065,392.00
School Social Worker	422	370.284	420	30,391	19,940.39	1,481,136.00
Speech	970	842.550	951	88,078	69,806.87	3,370,200.00
Socially Maladjusted	1,217	925.965	1,119	21,969	15,730.43	3,703,860.00
Learning Disabilities	512	442.865	498	5,377	4,570.74	1,771,460.00
Emotional Disturbances	54	47.295	50	381	301.15	189,180.00
TOTAL MALADJUSTED	1,783	1,416.125	1,667	27,727	20,602.32	$5,664,500.00
Multiply Handicapped	138	103.843	110	101	76.56	$ 415,372.00
School Psychologists	386	331.586	---	37,625	--------	1,657,930.00
School Psychologist Interns	87	71.715	---	4,455	--------	286,860.00
Pre-Vocational Counselors	40	34.465	---	-----	--------	137,860.00
Pre-Vocational Coordinators	17	15.412	---	-----	--------	61,648.00
Brain Injured	22	15.023	19	86	81.08	60,092.00
Teacher-Nurse Consultants	08	6.886	---	-----	--------	27,544.00
Psychiatrists	05	4.860	---	-----	--------	1,944.00
P.H. to E.M.H.	02	1.300	---	-----	--------	5,200.00
Art	01	1.000	---	-----	--------	4,000.00
Audiologists	02	1.209	---	-----	--------	4,836.00
Follow-Up-Worker	01	1.000	---	-----	--------	4,000.00
Supervisors	115	93.782	---	-----	--------	395,128.00
Administrators	73	70.044	---	-----	--------	350,220.00
E.S.E.A. 1967-1968 Adjust.	102	94.453	---	-----	--------	377,812.00
E.S.E.A. 1968-1969	108	88.642	---	-----	--------	354,568.00
TOTAL PROFESSIONAL WORKERS	7,361	6,088.543	5,852	224,148	140,419.27	$24,797,209.00
II. SPECIAL TEACHERS FOR HOME-HOSPITAL INSTRUCTION	80	68.955	---	3,586	1,214.361	$ 913,444.04
III. TRANSPORTATION	--	------	---	28,814	23,020.854	$ 7,106,467.28
IV. NON-CERTIFIED EMPLOYEES	697	564.946	---	------	---------	847,419.57
TOTAL STATE OF ILLINOIS	8,138	6,722.444	5,852	256,548	164,654.485	$33,664,539.89

APPENDIX B-5

July 1, 1968 to June 30, 1969
CITY OF CHICAGO

I. PROFESSIONAL WORKERS	Column 1. *	Column 2. *	Column 3. *	Column 4. *	Column 5. *	Column 6. *
Physically Handicapped	122	87.666	98	3,254	2,019.66	$ 350,664.00
Physical Therapist	36	29.547	35	-----	--------	118,188.00
Partially Seeing	61	53.529	55	689	613.94	214,116.00
Blind	25	15.272	17	-----	--------	61,088.00
Deaf & Hard of Hearing	56	36.775	41	955	841.78	147,100.00
Pre-School Deaf	04	1.941	02	-----	--------	9,705.00
Educable Mentally Handicapped	864	593.269	700	8,296	7,455.76	2,373,076.00
Trainable Mentally Handicapped	74	49.140	56	709	580.52	196,560.00
School Social Worker	38	23.190	38	1,375	882.00	92,760.00
Speech	118	102.100	108	14,200	12,999.58	408,400.00
Socially Maladjusted	322	217.875	253	6,589	2,607.40	871,500.00
Multiply Handicapped	124	90.843	97	-----	--------	363,372.00
School Psychologists	83	70.044	---	12,256	--------	350,220.00
School Psychologist Interns	22	14.095	---	------	--------	56,380.00
Brain Injured	22	15.023	19	86	81.08	60,092.00
Supervisors	49	42.233	---	------	--------	168,932.00
Administrator	01	1.000	---	------	--------	5,000.00
E.S.E.A. 1967-1968 Adjust.	102	94.453	---	------	--------	377,812.00
E.S.E.A. 1968-1969	108	88.642	---	------	--------	354,568.00
TOTAL PROFESSIONAL WORKERS	2,231	1,626.637	1,519	48,409	28,081.72	$6,579,533.00
II. SPECIAL TEACHERS FOR HOME - HOSPITAL INSTRUCTION						
Home Instruction	35	30.190	---	------	---------	$ 120,760.00
Hospital	45	38.765	---	------	---------	155,060.00
TOTAL HOME-HOSPITAL	80	68.955	---	------	---------	$ 275,820.00
III. TRANSPORTATION	---	------	---	6,339	5,639.00	$1,747,445.96
IV. NON-CERTIFIED EMPLOYEES	278	278.000	---	------	---------	$ 417,000.00
TOTAL CITY OF CHICAGO	2,589	1,973.592	1,519	54,748	33,720.72	$9,019,798.96

* Column 1. Number of Professional Workers
Column 2. Average Number of Full-Time Professional Workers
Column 3. Number of Classes
Column 4. Number of Pupils
Column 5. A.D.A. Case Load
Column 6. Amount Processed

APPENDIX B-6

STATE OF ILLINOIS
BOARD OF VOCATIONAL EDUCATION AND VOCATIONAL REHABILITATION
DIVISION OF VOCATIONAL REHABILITATION
FISCAL YEAR 1970 REGION 8 COOK COUNTY ONLY

	Closures During Year by Level						Sub		End of Year	Caseload
	01	03	05	07	28	30	Total	26	Open Cases	TOTAL
Blind	46	25	--	--	06	03	80	93	184	362
Other Vis.	141	72	--	--	05	02	220	67	406	693
Deaf	29	42	--	--	05	02	78	186	283	547
Other H.H.	63	31	--	--	06	03	103	145	279	527
ORTHO. IMPAIRMENTS:										
3 or more limbs due to:										
Cerebral Palsy	07	06	--	01	--	02	16	08	28	52
Muscular Dystrophy	01	03	--	--	--	--	04	01	03	08
Poliomyelitis	04	04	--	--	01	--	09	06	18	33
Other Causes	55	31	--	--	05	--	91	29	126	246
1 upper & 1 lower limb due to:										
Cerebral Palsy	02	02	--	--	01	--	05	02	14	21
Muscular Dystrophy	--	--	--	--	--	--	--	--	01	01
Poliomyelitis	02	04	--	--	--	--	06	03	09	18
Other Causes	67	47	--	01	10	03	128	35	153	316
1 or Both upper limbs due to:										
Cerebral Palsy	03	01	--	--	--	--	04	04	06	14
Muscular Dystrophy	--	--	--	--	--	--	--	--	02	02
Poliomyelitis	01	03	--	--	--	--	04	05	07	16
Other Causes	76	55	--	--	06	05	142	41	131	314
1 or Both lower limbs due to:										
Cerebral Palsy	04	05	--	--	01	01	11	07	13	31
Muscular Dystrophy	01	01	--	--	--	--	02	--	03	05
Poliomyelitis	14	14	--	01	05	02	36	38	107	181
Other Causes	220	84	--	03	18	08	333	87	363	783
Other Involving Trunk etc. due to:										
Ceregral Palsy	14	05	--	--	--	--	19	03	21	43
Muscular Dystrophy	01	02	--	--	--	--	03	--	04	07
Poliomyelitis	07	07	--	--	--	01	15	03	19	37
Other Causes	236	97	01	--	13	11	358	65	304	727
Amputations	116	46	--	--	23	07	192	119	296	607
Mental-Emotional-Personality	515	456	01	05	99	74	1150	640	1656	3446
Mental Retardation	243	170	--	05	48	20	486	394	896	1776
Epilepsy	92	58	--	02	06	07	165	55	152	372
Cardiac	180	70	--	01	10	04	265	75	152	492
Other Circulatory	83	25	--	--	01	05	114	15	68	197
Other Disabilities	431	248	01	--	32	32	744	218	763	1725
ALL DISABILITIES	2654	1614	03	19	301	192	4783	2344	6472	13599

Notes: Chicago is not broken out here, but its proportion of these would be in about the same ratio as in our first transmittal. Closure Levels: 01 = At Referral; 03 = At Application; 05 = After 6 mos. Eval.; 07 = After 18 mons. Eval.; 28 and 30 Not Rehabilitated After Plan; 26 - Rehabilitated.

APPENDIX C

EMPLOYERS WhO HIRE THE PHYSICALLY HANDICAPPED INDIVIDUAL

AEBOTT LABORATORIES
14th St. and Sheridan Rd.
North Chicago, Illinois

ACE FASTENER CORPORATION
4100 W. Victoria
Chicago, Illinois

ACME-LITE MANUFACTORY CO.
4650 W. Fulton St.
Chicago, Illinois

ALDENS, INCORPORATED
5000 W. Roosevelt Rd.
Chicago, Illinois

ALLIED RADIO CORPORATION
100 N. Western Avenue
Chicago, Illinois

ALLIED VAN LINES
25th St. and Roosevelt Rd.
Broadview, Illinois

AMERICAN AIRLINES, INC.
5036 W. 63rd St.
Chicago, Illinois

AMERICAN CAN COMPANY
12th St. and St. Charles Rd.
Maywood, Illinois

AMERICAN LINEN SUPPLY CO.
225 W. Chestnut St.
Chicago, Illinois

AMPEHNOL-BORG
2801 S. 25th Avenue
Cicero and Broadview, Illinois

AMPHENOL INDUSTRIAL DIVISION
1830 S. 54th St.
Cicero, Illinois

ARBONNE NATIONAL LABORATORY
P.O. Box 299
9800 S. Cass
Lemont, Illinois

ARMOUR & COMPANY
Union Stock Yards
Chicago, Illinois

ART INSTITUTE
Adams St. at Michigan Ave.
Chicago, Illinois

AUTOMATIC, A DIV. of YALE & TOWNE
101 W. 87th St.
Chicago, Illinois

AUTOMATIC ELECTRIC CO.
400 N. Wolf Rd.
Northlake, Illinois

AUTOMATION INDUSTRIES
5381 Otto Avenue
Rosemont, Illinois

BALMORAL INDUSTRIAL
1841 Busse Highway
Des Plaines, Illinois

BANKERS LIFE & CASUALTY CO.
4434 W. Lawrence
Chicago, Illinois

BARR-STALFORT
6100 W. Howard
Niles, Illinois

BELL & GOSSETT COMPANY
8200 N. Austin Ave.
Morton Grove, Illinois

BELL & HOWELL COMPANY
7100 McCormick Rd.
Lincolnwood, Illinois

BETHUNE PLAZA SHELTER CARE HOME
4537 S. Drexel Blvd.
Chicago, Illinois

BEVERLY MULTI-MEDIA TUTORING CENTER
2041 W. 95th St.
Chicago, Illinois

BLACK & DECKER
100 W. Jackson
Chicago, Illinois

BLUE CROSS ASSOCIATION
840 N. Lake Shore Drive
Chicago, Illinois

BODINE ELECTRIC COMPANY
2500 W. Bradley
Chicago, Illinois

BOARD OF TRADE BUILDING
BOLLINGS CAFETERIAS
Chicago, Illinois

BOWMAN DAIRY COMPANY
7500 Central Avenue
River Forest, Illinois

BRACH & SONS, E.J.
4656 W. Kinzie St.
Chicago, Illinois

BRINKS, INCORPORATED
2400 S. Prarie Avenue
Chicago, Illinois

BRYAN P. COUGHLIN
2635 S. Wabash
Chicago, Illinois

BUHL PRESS
320 W. Ohio St.
Chicago, Illinois

CALORIC CORPORATION
2000 S. Western Ave.
Chicago, Illinois

CAMPBELL SOUP COMPANY
2550 W. 35th St.
Chicago, Illinois

CARSON PIRIE SCOTT & CO.
Chicago, Illinois

F. LANDON CARTAGE CO.
1030 W. Monroe St.
Chicago, Illinois

CENTRAL FARMERS
FERTILIZER CO.
100 S. Wacker Dr.
Chicago, Illinois

CENTRAL SCIENTIFIC CO.
4401 W. 26th St.
Chicago, Illinois

CENTRAL SCREW COMPANY
2530 Crescent Dr.
Chicago, Illinois

CENTRAL TELEPHONE COMPANY
2004 Miner
Des Plaines, Illinois

CENTRAL WATCH SERVICE
214 W. Ohio St.
Chicago, Illinois

CHICAGO AERIAL SURVEY CO.
10265 Franklin
Franklin Park, Illinois

CHICAGO BOARD OF EDUCATION
228 N. LaSalle St.
Chicago, Illinois

CHICAGO CIRCUIT COURT
121 N. LaSalle St.
Chicago, Illinois

CHICAGO MAIN POST OFFICE
433 W. Van Buren
Chicago, Illinois

CHICAGO MOTOR CLUB
66 East S. Water St.
Chicago, Illinois

CHICAGO & NORTHWESTERN RAILROAD
17 N. Clinton
Chicago, Illinois

CHICAGO O'HARE
INTERNATIONAL AIRPORT
Chicago, Illinois

CHICAGO PORTABLE X-RAY
6411 N. Troy
Chicago, Illinois

CHICAGO RAWHIDE MANU-
FACTORY COMPANY
1301 Elston Avenue
Chicago, Illinois

CHICAGO RIVET & MACHINE CO.
950 S. 25th Ave.
Bellwood, Illinois

CHICAGO TITLE & TRUST CO.
111 W. Washington St.
Chicago, Illinois

CHICAGO TRIBUNE-
TRIBUNE TOWER
435 N. Michigan Ave.
Chicago, Illinois

CHICAGO URBAN RENEWAL
320 N. Clark St.
Chicago, Illinois

COMAR ELECTRIC CO.
3349 W. Addison St.
Chicago, Illinois

COMBINED INSURANCE CO.
5050 N. Broadway
Chicago, Illinois

COMBUSTION ENGINEERING
SUPER HEATER, INC.
425 W. 151st St.
East Chicago, Indiana

CONTINENTAL CAN CO.,INC.
135 S. LaSalle St.
Chicago, Illinois

THE CONTINENTAL COMPANY
360 W. Jackson
Chicago, Illinois

CONTINENTAL ILLINOIS BANK
231 S. LaSalle St.
Chicago, Illinois

COOK COUNTY CREDIT BUREAU
218 S. Wabash
Chicago, Illinois

COOK ELECTRIC COMPANY
6401 Barton
Morton Grove, Illinois

COVENANT CLUB of ILLINOIS
10 N. Dearborn St.
Chicago, Illinois

JOHN F. CUNEO
2085 Cornell
Melrose Park, Illinois

CUNEO PRESS, INC.
Cermak Rd.
Canal & Grove Station
Chicago, Illinois

CURTISS CANDY COMPANY
3401 Mt. Prospect Rd.
Franklin Park, Illinois

DEMETS CANDY COMPANY
177 N. Franklin
Chicago, Illinois

D.M.K. COMPANY
430 W. Erie St.
Chicago, Illinois

R.R. DONNELLEY & SONS CO.
350 E. Cermak Rd.
Chicago, Illinois

DOR-O-MATIC
7300 Wilson
Chicago, Illinois

DUPAGE COUNTY CONVAL-
ESCENT HOME
Wheaton, Illinois

DURKEE FAMOUS FOODS
2333 W. Logan Blvd.
Chicago, Illinois

EDWARD DON & COMPANY
2500 S. Harlem
North Riverside, Illinois

ELECTRICAL WINDING
4440 N. Kostner
Chicago, Illinois

THE ENGLANDER CO.,INC.
901 E. 104th St.
Chicago, Illinois

FAIR CANDID COMPANY
109 N. Dearborn
Chicago, Illinois

FANSTEEL INC.
One Tantalum Place
North Chicago, Illinois

FARRELL HYNES FLORIST
2024 W. 95th St.
Chicago, Illinois

FEDERAL AVIATION AUTHORITY
3166 DesPlaines Rd.
DesPlaines, Illinois

FIRST NATIONAL BANK
1 First National Plaza
Chicago, Illinois

FLASH CAB COMPANY
4749 N. Clark St.
Chicago, Illinois

FLEX-O-GLASS, INC.
4758 Augusta
Chicago, Illinois

FLEXONICS, DIV. UNIVERSAL
OIL PRODUCTS CO.
300 E. Devon
Bartlett, Illinois

FOAM FORMS, INC.
3615 N. Hamlin
Chicago, Illinois

FORD MOTOR COMPANY
12600 S. Torrence Ave.
Chicago, Illinois

FEDERAL SIGN & SIGNAL CORP.
13601 S. Western
Blue Island, Illinois

THE GOOD LIFE
430 N. Dearborn St.
Chicago, Illinois

GOODWILL INDUSTRIES OF CHGO.
120 S. Ashland
Chicago, Illinois

D. GOTTLIEB & CO.
1140 N. Kostner Ave.
Chicago, Illinois

GREATER CHICAGO HOTEL &
HOTEL ASSOCIATION
112 S. Michigan
Chicago, Illinois

HANDICAPPED WORKERS
652 N. Western Ave.
Chicago, Illinois

HARRISON ELECTRICAL CONSTRUCT-
ION COMPANY
747 N. Milwaukee
Chicago, Illinois

HEALTH INSURANCE ASSOCIATION
OF AMERICA
332 S. Michigan
Chicago, Illinois

HEDMAN COMPANY
1158 W. Armitage
Chicago, Illinois

HIGH-LOW FOODS
6081 S. Archer
Chicago, Illinois

HILLMAN STOP & SHOP
16 W. Washington
Chicago, Illinois

H.&L. SPECIALTIES CO.
3905 N. Central Avenue
Chicago, Illinois

HOMANIEC FURNITURE
1551 W. Chicago Ave.
Chicago, Illinois

ILLINOIS CENTRAL RAILROAD
135 E. 11th Place
Chicago, Illinois

ILLINOIS COMMUNITY SERVICES
FOR THE BLIND
160 N. LaSalle St.
Chicago, Illinois

ILLINOIS DEPT. OF REGIS-
TRATION & EDUCATION
160 N. LaSalle St.
Chicago, Illinois

ILLINOIS MASONIC HOSPITAL
Chicago, Illinois

ILLINOIS RAZOR STROP
865 N. Sangamon
Chicago, Illinois

IMPERIAL BLUE PRINT
3250 Bryn Mawr
Chicago, Illinois

INDUSTRIAL FILTER & PUMP CO.
5900 W. Ogden
Cicero, Illinois

INGERSOLL PRODUCTS CO.
1000 W. 120th St.
Chicago, Illinois

INTERNATIONAL TYPEWRITER
REPAIR
1229 W. Washington
Chicago, Illinois

INTERSTATE SERVICE CORP.
407 S. Dearborn
Chicago, Illinois

JOHN HANCOCK CENTER
875 N. Michigan
Chicago, Illinois

KEMPER INSURANCE
Lawrence Ave. & Sheridan Rd.
Chicago, Illinois

LAKE SHORE APARTMENTS
3550 N. Lake Shore Dr.
Chicago, Illinois

LAVELLE RUBBER COMPANY
424 N. Wood St.
Chicago, Illinois

LAW CLERK, INC.
130 N. Wells
Chicago, Illinois

LAWN AUTO REBUILDERS
3543 W. 63rd St.
Chicago, Illinois

LITTLE KENNY PUBLICATIONS
2557 W. Peterson
Chicago, Illinois

LUMINOUS CEILING
3701 N. Ravenswood
Chicago, Illinois

MAC NEAL MEMORIAL HOSPITAL
Berwyn, Illinois

MAGINNIS & ASSOCIATION
332 S. Michigan Avenue
Chicago, Illinois

J. MANASTER COMPANY
1238 W. George St.
Chicago, Illinois

MANNY BERGER SHOE CENTER
5645 W. Dempster
Morton Grove, Illinois

MARTHA WASHINGTON HOSPITAL
2318 W. Irving Pk. Rd.
Chicago, Illinois

MAUREY MANUFACTURING
2907 S. Wabash Avenue
Chicago, Illinois

ADA S. McKINLEY
6033 S. Wentworth
Chicago, Illinois

MIEHLE GOSS DEXTER GRAPHICS
2011 W. Hastings
Chicago, Illinois

MUSEUM OF SCIENCE AND INDUSTRY
Chicago, Illinois

NATIONAL CASTING COMPANY
110 W. 25th St.
Melrose Park, Illinois

NORWEGIAN-AMERICAN HOSPITAL
1044 N. Francisco
Chicago, Illinois

OAK PARK HOSPITAL
525 Wisconsin Avenue
Oak Park, Illinois

OLSEN WOODWORK, INC.
200 W. Washington
Chicago, Illinois

PACKAGING CORPORATION OF AMERICA
5950 W. 51st St.
Chicago, Illinois

PALMER HOUSE HOTEL
State and Monroe Sts.
Chicago, Illinois

PEERLESS MOLD COMPANY
1108 S. Kilbourn
Chicago, Illinois

PETTIBONE CORPORATION
4710 W. Division St.
Chicago, Illinois

PLASTIC PACKING COMPANY
1031 S. N. El Street
Wheeling , Illinois

PLASTIFLEX
2245 Pratt Blvd.
Elk Grove, Illinois

POLISH NATIONAL ALLIANCE
1514 W. Division St.
Chicago, Illinois

POLLACK AUTOMOTIVE
1100 W. Grand
Chicago, Illinois

POLYMOLD PLASTICS
3217 N. Kilpatrick
Chicago, Illinois

PRESTIGE PHARMACY
260 E. Chestnut
Chicago, Illinois

PROGRAMMING TECHNOLOGIES
215 W. Chicago Ave.
Chicago, Illinois

PUBLISHER'S ACCEPTANCE CORP.
188 W. Randolph
Chicago, Illinois

RAILROAD RETIREMENT BOARD
844 Rush St.
Chicago, Illinois

RAULAND CORPORATION
4245 N. Knox
Chicago, Illinois

RENO TOOL MANUFACTURING
3668 N. Elston Ave.
Chicago, Illinois

RIDGEWAY HOSPITAL
520 N. Ridgeway
Chicago, Illinois

ROBERT BOBBINS & CO.
1751 N. Paulina
Chicago, Illinois

ROTO PHOTO
7064 N. Clark St.
Chicago, Illinois

G.D. SEARLE
Searle Parkway
Skokie, Illinois

SEARS
1900 W. Lawrence
Chicago, Illinois

SERVICE MACHINE CO.
2310 W. 79th St.
Chicago, Illinois

SIMPSON ELECTRIC CO.
5200 W. Kinzie Ave.
Chicago, Illinois

SOCIAL SECURITY ADMINISTRATION
165 N. Canal
Chicago, Illinois

SPEED O'LITH OFF-SET CO.
600 W. Van Buren
Chicago, Illinois

STEEL COMPANY INTERLAKE
Riverdale Station
Chicago, Illinois

STEWART WARNER
1826 W. Diversey
Chicago, Illinois

SUN-TIMES
401 N. Wabash
Chicago, Illinois

SWEETHEART CUP COMPANY
3659 S. Ashland
Chicago, Illinois

SWITCHCRAFT
5555 N. Elston
Chicago, Illinois

SYDNEY LANER & CO.
323 W. Randolph St.
Chicago, Illinois

T.O.R.C.H.
22 W. Madison
Chicago, Illinois

TUSCANY HOTEL
1244 N. Dearborn
Chicago, Illinois

UNION CARBIDE
120 S. Riverside Plaza
Chicago, Illinois

UNION SPECIAL MACHINE CO.
400 N. Franklin St.
Chicago, Illinois

UNITED STATES STEEL
3426 E. 89th St.
Chicago, Illinois

UNIVERSITY OF ILLINOIS
CHICAGO CIRCLE CAMPUS
P.O. Box 4348
Chicago, Illinois

VENUS FOUNDATION GAR-
MENTS, INC.
2200 W. Lawrence
Chicago, Illinois

WABASH Y.M.C.A.
826 S. Wabash
Chicago, Illinois

WACKER HUT CORP.
5400 Scott St.
Schiller Park, Illinois

WALGREEN'S
1629 Orrington Ave.
Evanston, Illinois

WAYNE KIRK SIDING
640 W. Barry Ave.
Chicago, Illinois

WEBER STEVENS PRODUCTIONS
100 N. Hickory
Arlington Heights, Illinois

WESTERN ELECTRIC
Cermak & Cicero Aves.
Chicago, Illinois

WESTSIDE V.A. HOSPITAL
820 S. Damen
Chicago, Illinois

WHITING CORPORATION
157th St. & Lathrop
Harvey, Illinois

WOODS MOTEL
4230 Old River Rd.
Schiller Park, Illinois

APPENDIX D

AMERICAN HEART ASSOCIATION
Miss Arline Sax

In talking with Miss Arline Sax my concept of the Heart Association was confirmed. It is not a service organization, but rather an information and referral agency. Based on our needs, she was not able to assist in terms of giving specific detailed numbers. It is important to understand that the American Heart Association does not have contact with the patients unless the doctor or patient makes contact.

The American Heart Association is only an advisory organization with both employers and employees seeking the Association's advice. In this concept it is interesting to know that in the last quarter of 1970 (April, May, June) the American Heart Association has 246 referrals, eight (8) based on educational and employment needs. Miss Arline Sax pointed out that the lack of ability to get to people is a real and disturbing problem.

Many occupational referrals are to Division Vocational Rehabilitation. I pointed out to her that in the future perhaps some referrals could be made to the City Colleges of Chicago especially where extensive retraining and education are needed.

As an example, a heavy laborer after a cardiac may not be able to go back to his original job. Thus, what happens? This person has to be re-trained and re-educated. The technician's programs could fit in here well. Those persons who have to cut out physical labor almost entirely might be capable of accepting re-education to allow them gainful employment along less "physically-taxing" lines.

The American Heart Association according to Miss Arline Sax was not

aware of the possible opportunities existing at the City Colleges of Chicago.

Miss Arline Sax also pointed out the employment difficulties heart cases encounter and pointed out that a multiplicity of reasons are utilized to avoid hiring a person; insurance, inability to do the job, etc.

In the course of the interview Miss Sax pointed out the fact that she had worked for a tuberculosis sanitarium. She felt that this was a fruitful area to explore, especially since many of the persons are hospitalized for upwards to six months. Television courses would go very well here with testing being conducted at the hospital.

NATIONAL FOUNDATION - MARCH OF DIMES
Carolyn Dillon

Miss Carolyn Dillon who is a polio patient discussed the problems encountered by a handicapped individual. She pointed out that education alone is not enough unless the employer is educated to the needs of the handicapped. This I pointed out to her was a phase of the study.

She was quite concerned with the proposal, but as she became more aware her concern lessened. She continually pointed out that education of students was not enough ..... the employer also should be educated.

She was concerned about segregated education and stated that this should not be condoned. The handicapped student should be in the real college environment. She felt that segregating the student could be psychologically traumatic.

a. The student caters to his disability too much.

b. Neither the handicapped nor the able-bodied get to know each other.

c. It is unrealistic in the work-a-day world.

Architectural Factors - In the course of the discussion she pointed out that schools and industries must adapt themselves architecturally for the handicapped individual.

Here in the City of Chicago, there is an employment problem: The Board of Education tends to steer away from the hiring of the handicapped. This she felt was a gross injustice.

Since the National Foundation is now concerned with birth defects, information related to "spina bifida", "cleft palate", etc., can be obtained from them.

Miss Dillon pointed out two possible sources of information:

Schwab Rehabilitation Institute
1401 South California
Phone: 522-2010

Illinois Research Hospital
Rehabilitation Institute
840 South Wood Street
Phone: 663-7000

PARAPLEGIC FOUNDATION
Mr. Smit Kamp

Mr. Smit Kamp was not really able to give specific numbers (2,500) but did refer to Miss Giovina Bosco who is the president of the local chapter.

He was very receptive to the program and is looking forward to its implementation. As he pointed out "education is the only avenue to independence for the handicapped". He produced statistics illustrating that 76% of those educated are gainfully employed whereas only 36% of those non-educated are gainfully employed.

The idea of assimilation is important. The handicapped person must be exposed to the real world as much as possible. Also, it has been expressed that the person in the non-sheltered environment succeeds at a higher rate than the sheltered person.

NATIONAL EPILEPSY LEAGUE

Epileptics pose no problem to any school who will accept them. Unless their case is extremely severe there are no special facilities needed. Even the severe cases need no physical facilities but they do need emergency medical care - nurses, etc.

The problem with the epileptic is mainly one of acceptance. (Once the person has a seizure the students may laugh or ridicule him.)

Perhaps, if the person is a known epileptic a doctor's certificate could be required. This should certify the person's ability to perform and control the seizure.

The National Epilepsy League stands ready to help where needed.

MULTIPLE SCLEROSIS SOCIETY
Mrs. Rachel Elliott

The program was discussed with Mrs. Rachel Elliott - Director of the Home Bound Program. She is a former student of Tim Nugent at the University of Illinois, and was very enthusiastic about the program.

In the discussion a number of important points relating to a.) Parental Attitudes, b.) Student Attitude, c.) Transportation, and d.) Aid to the Student, came up.

Mrs. Rachel Elliott pointed out that any program to get the student out of the house would be of value, and an education would be very important. She stated, however, that parents can be a problem because they want to shelter the person. Many of the gains made at school can be lost without education for the parent.

The student - able-bodied and physically disabled - should understand the problem and try - on both sides - to accept the circumstances. Prejudices will have to be broken down, but they can best be broken in the unsheltered environment.

Transportation for the handicapped presents a great problem because of the extensiveness of metropolitian Chicago and the cost factor.

MEETING WITH
Miss Evelyn Albert and Mr. Lee Ohsman
Spaulding High School

The combined meeting with Miss Evelyn Albert and Mr. Lee Ohsman resulted in the presentation of the objectives of the feasibility study with emphasis on how we in the City Colleges of Chicago can implement Technical and Occupational Programs of instruction that might benefit the multiple handicapped individual. Miss Evelyn Albert advised me that all statistics on numbers and disabilities of students could be obtained from the Division of Vocational Rehabilitation. Mr. Lee Ohsman discussed a new cooperative program for multiple handicapped students, which is being funded by the Illinois State Division of Vocational Rehabiliitation. The program in synopsis is as follows:

a. Multiple handicapped individuals who at the begining of their senior year, after diagnostic and work competency evaluation, can conceivably develop employable skills, will be enrolled in the program.

b. Students selected will attend instruction sessions in related training programs, in order to develop those skills pertinent to the cooperative agency or business enterprise.

This program is in its infancy and there are many ramifications to its successful implementation. However, it is Spaulding's first venture into providing multiple handicapped students with employable vocational potentials in addition to normal educational pursuits.

MUSCULAR DYSTROPHY ASSOCIATION
Mr. Brown, Director

Mr. Brown was very much in favor of the program and agreed to send us numbers of potential students on a city-wide basis.

He was enthusiastic about the program for it has been only in the last few years that Muscular Dystrophy patients have lived to

college age, so there is a real need for this service. He also asked about Vocational and Technical Programs for the non-high school graduate. He feels that some bright Muscular Dystrophy students, due to factors other than intelligence, might not have finished high school.

The question of a four year education came up and the idea of City Colleges of Chicago and University of Illinois - Urbana articulation was well received.

MEETING WITH DR. TIM NUGENT
DIRECTOR OF REHABILITATION EDUCATION CENTER

The meeting with Dr. Tim Nugent was very informative on the philosophy, admitting procedures, and educational objective of those handicapped individuals who are accepted as matriculation students at the University of Illinois.

Admission Procedures:

Physically Handicapped who wish to attend the University of Illinois, must submit their credentials through the normal admission channels open to all new students. If the student qualifies academically, his credentials are then forwarded to the Director of Division of Rehabilitation - Education Service, for final evaluation as to wether the individual can successfully compete with his physically able counter-part.

The diagnostic evaluation of the individual's handicap and his academic potential is a coordinated effort in cooperation with the individual's Regional Division of Vocational Rehabilitation who make the final determination as to the physical and academic potentials of the student for competing with his physically able counter-part.

After the student has been accepted to participate as a matriculating freshman, the individual is then requested to attend a "functional training" program which is conducted one week prior to orientation and registration for normal students. The objectives of the functional training program are as follows:

To equip the student with understandings and skills to cope with the rigors and demands of campus living, such as:

a. Development of physical strength, and endurance for self mobility to all bulidings within the University complex.

b. Develop personal habits for everyday efficiency.

c. Develop abilities for self-dressing.

After satisfactory completion of the functional training program the student is then permitted to register and matriculate at the University.

This philosophy as exercised by the staff of the rehabilitation center is designed to develop self-abilities regardless of the handicap, and to eliminate custodial assistance and services.

Philosophy:

The philosophy as expounded and practiced at the Rehabilitation Educational Center, is to develop personal physical abilities which will eliminate the dependency of the handicapped individual in accomplishing everyday tasks.

Custodial assistance is not condoned, and if the handicapped individual can not develop self-maintenance abilities, he is not permitted to matriculate at the University. The individual is to be considered as any other student attending the University and no concessions are given nor expected.

The Rehabilitation Center is complete with the necessary medical servicesand educational facilities which the handicapped student might need to realize his educational potential, for instance.
Following is a list and description of the services provided.

1. Medical Services: This includes medical supervision, physical and medical evaluation, medical consultation, medical counseling, limited medical treatment, and the coordination of extended medical and surgical treatment.
   The limited medical treatment includes the following:
   a. Urinary and Bladder Evaluations
   b. Catheterization
   c. Decubitus Evaluation

2. Physical Theraphy: This includes special exercise, instruction in self-care, functional skills, specific skills, and re-education on an individually supervised bases.

3. Occupational Therapy and Special Services: This includes training in vocation skills related to the educational objective of the student, adaptive devises to assist the student and which support the student's objective.

4. Counseling: This includes counseling specific to the handicapped individual with emphasis on vocational-educational counseling.

5. Services to the Blind and Deaf: This included the maintenance of essential braille texts, braille calculators, braille writers, and braille slates.

MEETING WITH MR. WILLIAM APPELGATE
MEMEBER OF ILLINOIS BOARD OF HIGHER EDUCATION

The meeting with Mr. William Appelgate was pursuant to a report submitted to the Illinois Board of Higher Education relating to the responsibilities of institutions of higher education, in extending educational opportunities to students who are physically handicapped. The study revealed that the following conditions exist in reference to the handicapped individual:

1. There is an absence of effort to identify the handicapped individual.
2. There exists a lack of special supportive services.
3. There are physical barriers which restrict or prohibit passage to classwork and residence.
4. There exists a poor institutional communication and lack of coordination with outside agencies relating to handicapped students attending institutions of higher education.

MEETING WITH MR. PHIL RUSHING

The meeting with Mr. Phil Rushing, who is himself a double arm amputee, was very informative in reference to the psychological impact on the handicapped individual in adjusting to the mainstream of society.

He emphasized that one of the first barriers that must be overcome by the handicapped individual is his psychological "hang-up" on his disability. Individuals with varying degrees of disabilities must not look upon themselves as handicapped, and that normal vocational pursuits are not within the realm of possibilities. The individual must become very agressive and proceed to condition himself physically and psychologically to compete in society with his physically able counterpart.

The handicapped individual must, if he is to be successful in a society designed for physically able individuals, utilize and develop his mental capacities to a greater degree - neurologically. Humans only utilize or develop their mental capacities up to 10%. The handicapped person must, if he is to be successful, develop 15% of this mental capacity.

Mr. Phil Rushing's comments, in reference to a handicapped individual successfully competing in society is predicated on self-mastery, and in so doing he is in a position to master <u>others</u>. <u>Self-</u>mastery in skills and knowledges such as memory and computations. These individuals must establish goals for themselves and endeavor to accomplish these ends.

At no time can the handicapped individual engage in self-depreciation, which permits knowingly or unknowingly, others to psychologically impose or use him for the accomplishment of their objectives. Society must be

made to serve the disabled individual so that he too can become a productive, self-sustaining member of society.

The economics which confront the handicapped individual are much greater than those encountered by his physically abled counter part: namely, the normal application for every day living, such as transportation, clothing, etc.

Mr. Phil Rushing, when asked, "What types of City College Programs would be of benefit to physically handicapped or rehabilitated individuals?" He emphasized that programs that would develop individuals for self-employment such as business programs with accounting as the major thrust, and research law.

The problem of assisting the handicapped individual in becoming mobile in the educational environment, both academically and physically, is the greatest obstacle confronting the individual with disabilities. In addition to removing the physical barrier of facilities, an innovated procedure would be to assign the student a para-counselor, whose responsibilities would be that of assisting the handicapped individual in the many aspects of his educational experience, such as, class room assignments, mobility to classes, extra-curricular activities, etc. The one criticism to this approach would be this: it may result in over solicitation and rather than developing self-sustaining skills it may develop into a custodial procedure, with the individual relting exclusively on his assigned "buddy".

MEETING WITH MRS. MARIAN FAUCETT
ILLINOIS EMPLOYMENT SERVICES

The meeting with Mrs. Marian Faucett was to identify the number of handicapped individuals the Illinois Employment Service processes during the period of a year.

The criteria which are established in rendering services to the handicapped individual are as follows:

1. Is the individual still employable with his physical handicap.

2. If employment was obtained with existing handicap, was such employment within the realm of successful accomplishment. If not, then assigned vocational employment opportunities commensurate with the disability.

3. If individual is a recent handicapped individual, the work competency evaluations are developed and job placement attempted.

The areas for employment of the handicapped individual depends upon the peculiarity of the handicapped, and with many cases the individual is referred to a "half-way house" where skills and knowledges are developed pursuant to successful employment.

The ever existing problem of informing business and industries of the need for involement in providing equal opportunities for the handicapped individual is accomplished with an equal poster campaign for area high school students. Judgements are made at regional levels from the entire United States, and final selections of posters are made in Washington, D. C.

The objectives of a meaningful poster is one which does not portray negativism to the disability, but that handicaps are not a detriment to employment.

MEETING WITH THE FOLLOWING VETERANS ADMINISTRATION PERSONNEL:

Mr. John Howell
Mr. Russell Cundiff - Chief of Counseling Dept.
Mr. Beggerman - Counselor
Mr. Kubo - Counselor
Dr. George Hyry - Psychologist Counselor
Mr. Hurst - Training Supervisor
Mr. Monson - Training Supervisor
Miss Sitkiewiz - Counselor

Many recommendations and suggestions were proffered at this joint meeting on the specific needs of the physically handicapped veterans and the educational services the City Colleges of Chicago can render to these individuals.

The following general suggestions were discussed:

1. The implementation of a "crash" general educational program which would permit those veterans enrolled to progress at an individual rate of speed commensurate with their mental capacities and potentials. The one difficulty experienced by most G. E. D. courses is that the veterans, regardless of previous educational accomplishments and intellectual potentials, are "locked in" for the entirety of the course. This dogmatic requirement has in many incidences added to the physically handicapped individuals frustrations.

2. A great majority of the veterans who have experienced serious traumatic injuries resulting in extensive hospitalization is in need of refresher courses of between 3 to 6 months in many academic areas. The variance of 3 to 6 months is again predicated on individual assimilation and retention rates. This educational philosophy is extremely important for those individuals whose diagnostic and work competancy evaluations dictate that degrees of success can be experienced in the technical and vocational areas.

3. Reference made to the diagnostic and work competency evaluations has not been the complete answer in properly assisting the physically handicapped individual in re-adjusting to civil society. The suggestion which I feel has a great deal of merit and should be given serious consideration is as follows: After the physically handicapped individual's diagnostic and work competency "work-up" indicates that success can be realized in the technical and occupational areas, this individual should then be permitted to explore various technical and occupational programs for desire, financial renumeration, and competency commensurate with disability. Various implemented educational procedures to accomplish this goal, could be as follows:

a. A Technical and Vocational Orientation Program where the individual would participate in general courses designed to acquaint the student with the many ramifications of the occupation; such as requirements, opportunities, and financial rewards.

b. Another method would be that of permitting the individual the opportunity of exploring each technical area for self-accommodation with a designated time limit of perhaps one month for self-evaluation of the occupation. If after self-analysis the selected area does not suffice, he should then be permitted to change to another area for exploration. Naturally, there are complications with either of the above procedures; namely educational assistance benefits for veterans, college credits and grades.

4. Hospitalized veterans are released from veterans'

hospitals, when in the opinion of medical personnel the individual can return to civil society without extensive medical supervision. These release dates are variable and after veterans administration evaluations have been completed, and decisions rendered for educational pursuits, registration dates have expired. If the handicapped individual is required to bide his time until the following collegiate registration, the experience of the veterans counselor is that additional psychological problems are encountered and frustrations are added to the individual who already is finding it difficult to become a self-sufficient *and responsible* member of society. Courses could be designed which would permit enrollment at mid-term without the individual being completely academically "bogged down". Such a course could be one for collegiate orientation or to acclimate the individual to the academic environs.

5. Another problem that the physically handicapped is confronted with is that of maintaining economic stability while pursuing his desired educational endeavors. Although the individual may be receiving disability funds from the veterans administration, these are minimal renumerations for a satisfactory standard of living; Consequently, the individual must secure additional employment and which he finds it necessary to pursue his education in the late afternoon or evening. The solution to the afore-mentioned problem is that of providing technical and occupational programs in the late afternoon and evening.

6. In reference to the typing courses in the existing Business Occupation Programs, it was suggested that we consider incorporating methods and equipment which would provide for the

training of typists with one arm. Results of such trained individuals has proven very satisfactory with a great degree of competency.

MEETING WITH BOARD OF EDUCATION PERSONNEL, MRS. DOROTHY BETTS-SUPERVISOR FOR DIVISION OF ORTHOPEDICALLY HANDICAPPED CHILDREN AND MISS MAG MCEVOY.

Both Mrs. Dorothy Betts and Mis Mag McEvoy emphasized the importance and the definite need, for the implementation of technical and occupational programs of instruction beyond the secondary educational level. Programs of this nature would permit individuals with disabilities to acquire skills, thus enabling them to become productive members of our technological society.

The consensus of opinion was that educationally we have been neglectful at both ends of the spectrum in providing equal opportunities for those individuals who deviate from the normal in physical attributes.

For instance, it was the desire of those individuals concerned with special education that once the physical disability has been diagnosed, that the training of these individuals begin as early as possible, with the objective being that of developing skills for a productive self-sustaining life.

In conjunction with the early training, it is also suggested that early counseling sessions with the parents be inaugurated to acquaint them with the aims and objectives of the training procedures, and eventual outcomes to be expected. Especially the psychological impact upon the child when he realizes that he is different from others.

At the opposite end of the spectrum we are not providing technical and occupational training beyond that which is provided at the secondary level. Once it has been determined that the individuals with varying

handicaps can lead productive lives and their technical skills have been developed, then such training should be continued on the City College of Chicago level. The primary objective should be that of technical and occupational training in a selected field where success can be realized and job placement a reality.

At the present time it is a mandate by state statute that the physically handicapped individuals be technically and occupationally trained until the age of twenty-one years of age, however this is a voluntary request by the individual. Although this is a commendable provision which provides additional training for the physically handicapped it does, however, retain the individual in the confines of the secondary school level, and does not place him in the mainstream of educational pursuits with his physical fit peers. Once again he is psychologically stigmatized with his disability.

MEETING WITH MR. GEORGE CONN
DIRECTOR FOR THE GOVERNERS' COMMISSION FOR THE HANDICAPPED

Mr George Conn was extremely helpful in indentifying those agencies and individuals who would be helpful in providing information relative to identifying the handicapped individual and those industrial organizations providing employment.

Mr. George Conn recommended that educational courses be provided to assist business mid-management students with knowledge pertinent to the understanding of the psychological problems confronting the handicapped person. In addition such a course should provide a working repertoire of "lay-man" terms in handling various disabilities. Also such a course or courses should encompass the economic problems that the disabled individual is confronted with over and above those of the normal individual.

In the implementation of any program to provide educational opportunities for handicapped individual with varying degrees of disabilities, Mr. George Conn suggested that the following additional ancillary staff members be assigned responsibilities in assisting the disabled individual in acclimating to their educational endeavors. The ancillary members suggestions were as follows:

a. Psychologist
b. Sociologist
c. Counselors
d. Testing Procedures

Mr. George Conn also suggested that providing staff members whose exclusive responsibilities would be that of servicing those students with physical disabilities would be a duplication of efforts, and also identifies and emphasies the individual's abnormality. The only area where additional consideration is given is in the testing procedures relative to extension of times and homogenous groupings.

Mr. George Conn made reference to courses of instruction which would be of definite value to the handicapped individual with physical disabilities. Courses should be designed which would provide the individual with the skills for self-employment. In addition, courses in salesmanship where the individuals success is not predicted on his physical abilities but on his intellectual endowments.

If programs are to be meaningful to individuals with varying degrees of disabilities, the problem must be faced realistically. Programs should be offered which will develop knowledge relative to skilled, semi-skilled, and mid-management opportunities.

Mr. George Conn also suggested that in addition to staff members to assist the physically handicapped individual in his educational pursuits, volunteer assistants should be requested for the division of vocational rehabilitation. Such volunteer advisory assistance should be solicited for the following specific physical handicapped divisions:

a. Orthopedics
b. Visual
c. Auditory
d. Neurological

JEWISH VOCATIONAL SERVICES OF CHICAGO

The Jewish Vocational Services of Chicago serve approximately 7,000 persons annually with the majority receiving Job Placement, Vocational Counseling, and Educational Counseling Services. Many of the clients receive services in one or more vocational rehabilitation facilities which offer activity in a rehabilitation workshop, individual personnal and vocational counseling, group counseling, job placement, and referral to other social agencies.

The activities of C.J.V.S. are supported by the Jewish Federation, the Community Fund, The Illinois Division of Vocation Rehabilitation, and the Illinois Department of Mental Health. In addition, it has received many grants from government and private organizations for carrying out research and demonostration activities.

In conversation with Dr. Herman Murov and Mr. Irv Lichenstein, it was the consensus of both, that the City Colleges of Chicago can and should be more involved in providing educational opportunities in Technical and Occupational Programs for the physically handicapped individuals. At the present time, because of the lack of provisions by the City Colleges, the Chicago Jewish Vocational Education Counseling Services, refer individuals with vocational aptitudes and potentials to such schools as Northern Illinois University, University of Illinois, and Southern Illinois University. Although adequate facilities and supportive personnel are provided, the traumatic effect of relocating a physically handicapped individual from his environs compounds his opportunities for succeeding.

A large metropolotan area, such as Chicago, is characterized by alienation of the individual, separation from resources and inability to develop meaningful relationships with the self-help structures of the city.

The implementation of organization structure and procedures to provide educational opportunities within the colleges comprising the City Colleges of Chicago is realistic, especially in view of the fact that all the necessary supportive agencies are available for the resolving of individual problems.

The proposed construction of a vocational rehabilitation facility on the north side of Chicago to be named the Sampson-Katz Facility, is a very exciting undertaking and will provide the constitutents of this segment of metropolitan Chicago with a full range of vocational rehabilitation services for disabled individuals.

The primary area to be served by the new facility encompasses the North and Northwest sections of Chicago and adjacent suburbs. The socio-economic levels of the residents in the primary service area vary widely. On the low end is the Uptown area with a large Appalachian population and high incidence of poverty, delinquency, and health problems.

Statistically, the primary area, according to the 1960 census,has a population of 559,992 persons. According to the findings of Wilder, "During July 1961-June 1963 an average of 22.2 million persons or 12.2% of the civilian population not residing in institutions, reported that they were limited to some degree in their activities as a result of chronic disease or impairment". This limitation of activity would include inability to work. Applying this percentage to the over seventeen population in the primary area results in a figure of 51,259 persons who may be in need of rehabilitation.

The National Citizens Advisory Committee on Vocational Rehabilitation in their background paper indicated that 2% of the general population is composed of disabled persons who are eligible and feasible for vocational rehabilitation services. Applying this percentage to the primary target

population should indicate that 11,200 persons in the primary are both in need of Vocational Rehabilitation.

APPENDIX E-1

REHABILITATION SURVEY MAY 26, 1970

EMPLOYMENT CATEGORY:	BEFORE DISABILITY	AFTER DISABILITY	CURRENTLY
PROFESSIONAL & MANAGERIAL	25	14	21
CLERICAL	13	8	10
SALES	3	1	2
DOMESTIC (MAID, COOK, ETC.)	6	-	-
SKILLED	76	12	22
SEMI-SKILLED	54	3	10
UNSKILLED	42	6	10
STUDENT	130	110	90
HOUSEWIFE	26	29	28
UNEMPLOYED	4	188	174
OTHER	5	8	9
SELF EMPLOYED	11	15	20
NO INFORMATION	2	4	2
NOT CODED	3	2	2
TOTAL	400	400	400

BEFORE DISABILITY - Vocational Pursuits

AFTER DISABILITY - Capable of Pursuing Original Vocations

CURRENTLY - Reflects Original Vocations and Changes of Vocation Due to Disability

APPENDIX E-1

REHABILITATION SURVEY MAY 26, 1970

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PROFESSIONAL & MANAGERIAL	25	14	21
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SELF EMPLOYED	11	15	20
NO INFORMATION	2	4	2
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TOTAL	400	400	400

BEFORE DISABILITY - Vocational Pursuits

AFTER DISABILITY - Capable of Pursuing Original Vocations

CURRENTLY - Reflects Original Vocations and Changes of Vocation Due to Disability

APPENDIX E-2

REHABILITATION SURVEY JULY 20, 1970
REPORT XXII COMMUNITY RESOURCES ANALYSIS

COMMUNITY	NUMBER OF PATIENTS	AGE GROUPS 1-12	13-18	19-25	26-55	56-Up
CHICAGO NORTH	62	5	7	10	33	7
CHICAGO SOUTH	45	6	5	12	18	4
CHICAGO NORTHWEST	18	1	2	3	6	6
CHICAGO SOUTHWEST	20	2	0	8	7	3
NORTH SUBURBS	40	5	4	14	15	2
SOUTH SUBURBS	7	0	1	1	5	0
DOWNSTATE ILLINOIS	137	3	7	34	77	16
OUT OF STATE	66	2	2	19	38	5
NOT CODED	3	0	0	0	3	0

TOTAL NUMBER OF SURVEYS UTILIZED - 398

TOTAL NUMBER OF SURVEYS NOT UTILIZED - 67

APPENDIX E-3

NATURE OF ACCIDENT

AUTOMOBILE	165
ATHLETIC-RECREATIONAL	64
FALL	40
FIRE	14
FIRE-EXPLOSION	45
MOTORCYCLE	14
INDUSTRIAL	35
OTHER	73
NOT CODED	13
TOTAL	463

SITE OF ACCIDENT

HOME	56
AT WORK	93
OTHER	304
NOT CODED	10
TOTAL	463